

Name
in
Full

Margaret Adanis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Canton

Town

Balto.

County

MARYLAND

Date

1940

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

House wife

Where Residing
at place of death

3600 O. Donnell St

Married, Single
or Widowed

Widow

Name of Wife
Husband

Michael Adanis Deceased

Father's
Name

Christian Schorr

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

France

Name of person giving
Information

Michael Adanis

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cirrhosis of Liver

How long

unknown

Immediate

Cholemia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

M. J. McAvoy M.D.
839 S. Canton St.PHYSICIAN
OR CORONER

Accident or Suicide

Sacred Heart Cemetery
Mch 19th 1910

Lilly and Geiler
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

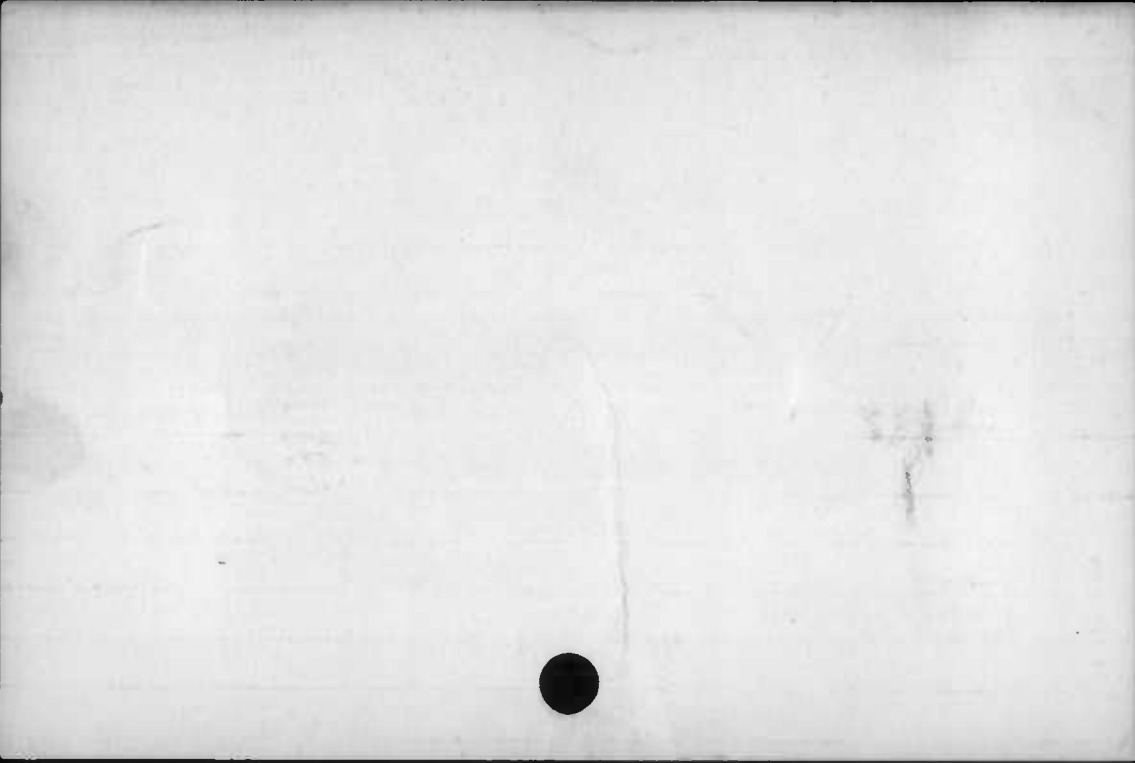
Died at <i>Worthington Valley</i> Town		<i>Batto</i> County		MARYLAND	
Date of death	<i>1910 Mar 9</i>	Age	<i>11</i>	Months	<i>11</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Batto co Md</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Charles H Allender</i>			Father's Birthplace	<i>Batto co Md</i>
Mother's Maiden Name	<i>Emma E Teal</i>			Mother's Birthplace	<i>Batto co Md</i>
Name of person giving information	<i>Charles H Allender</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

(97)

PHYSICIAN
OR CORONER

Primary	<i>Bronchial Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos Price</i>
		Address	<i>Glyndon</i>
Accident or Suicide?			



Name in Full		Franklin P. Armiger				CERTIFICATE OF DEATH		
Town		Baltimore				MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bovans		County				
	Date of death	1900	Month	March	Day	27 th	Age	27
	Sex	Male		Color or Race		White		
	Occupation	Book keeper		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Wm L. Armiger		Father's Birthplace		Baltimore		
	Mother's Maiden Name	Ida L. Dabler		Mother's Birthplace		Baltimore		
	Name of person giving information	Wm L. Armiger		How related to deceased		Father		
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Pulmonary tuberculosis				How long	5 months	
	Immediate	Exhaustion				How long	" "	
	Are the name, age, sex, color, date and place correctly given above?				Yes	Signature of Physician		
					Address		1151 N. Caroline St. Balt. Md.	
Accident or Suicide?								

Geo Shilling & Sons

Greenmount Cemetery

March 29th / 1910 3 PM

Orkney Ave 3rd House E of York Road
South Side

Name
in
Full

Clara A Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Glenora* Town *Balto.* County

Date of death *1900* Month *3* Day *14* Age *77* Years Months *10* Days *14*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Henry Baker*

Father's Name *Melchor Fouble* Father's Birthplace *Maryland*

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving information *Geo W. Guss* How related to deceased *Son-in-law*

CAUSES OF DEATH

42 ✓

PHYSICIAN
OR CORONER

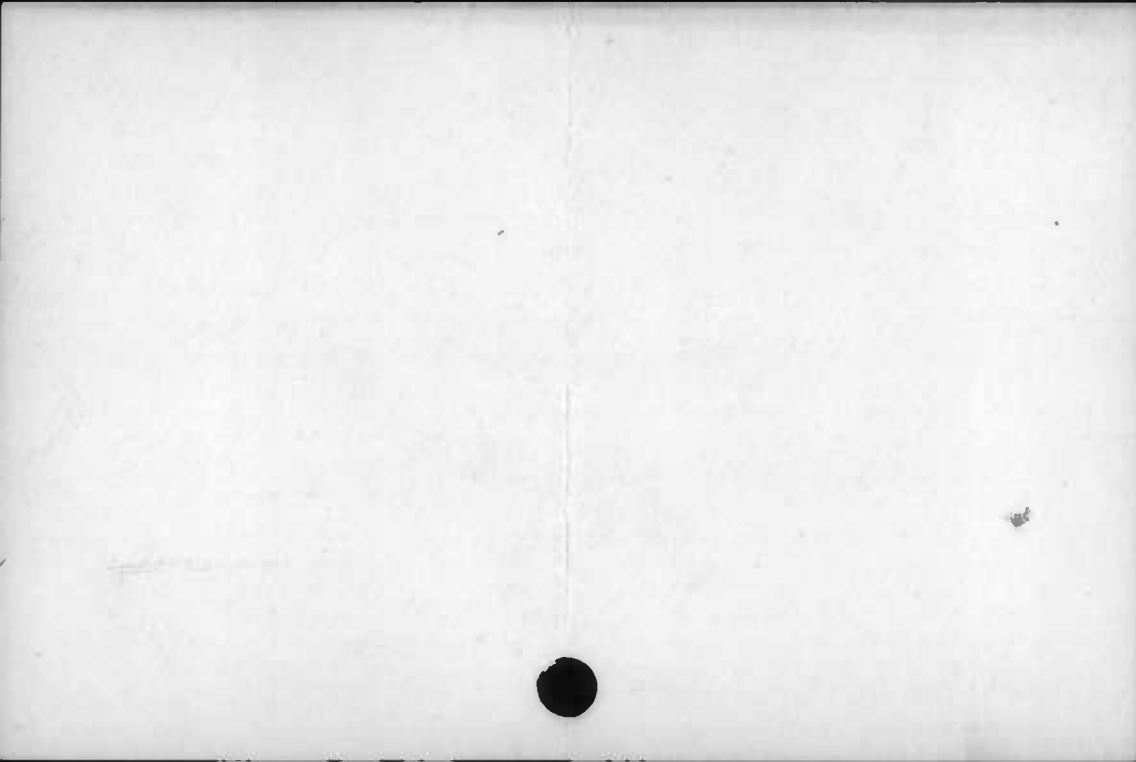
Primary *Carcinoma of uterus* How long *3 years*

Immediate *Sexual exhaustion* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. W. Shumanth*

Address *Glenora Md*

Accident or Suicide?



Name
in
Full

Susanna Lee Barbour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Towson County Balto MARYLAND

Died at Towson Balto

Date of death 1960 Month March Day 20 Age 18 Months 6 Days 1

Sex Female Color or Race White Birth-place Ind

Occupation None Where Residing if not at place of death La Plata, Ind

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John S. Barbour Father's Birthplace Ind

Mother's Maiden Name Susanna Marx Mother's Birthplace Va

Name of person giving Information " How related to deceased Mother

CAUSES OF DEATH

Primary Dementia Praecox How long 3-4 yrs

Immediate Exhaustion How long 24 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W.P. Duntun, Jr
Towson, Ind.

Accident or Suicida

NoPHYSICIAN
OR CORONER

Geo Fink
wolf st.

Saplata Charles
co
ind.

Name
in
Full

Leonard J. Bell Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown ^{County} Balto. **MARYLAND**

Date of death 1940 ^{Month} March ^{Day} 1 ^{Years} Age 53 ^{Months} 11 ^{Days} 20

Sex Male ^{Color or Race} White ^{Birth-place} Md.

Occupation Engineer ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Lelia R. Bell

Father's Name Edward Bell ^{Father's Birthplace} Md

Mother's Maiden Name Ann LeCoursey ^{Mother's Birthplace} Md

Name of person giving information Leonard J. Bell Jr. ^{How related to deceased} Son

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

27

Immediate

asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. C. Thieme M.D.
3038 E. Balto. H.

Accident or Suicide?

No

Indeulatus. —

W. B. Black —

David
Mr. Daniel Cemetery, —
March, 4-1910. —

Name
in
Full

Maria R Berryman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

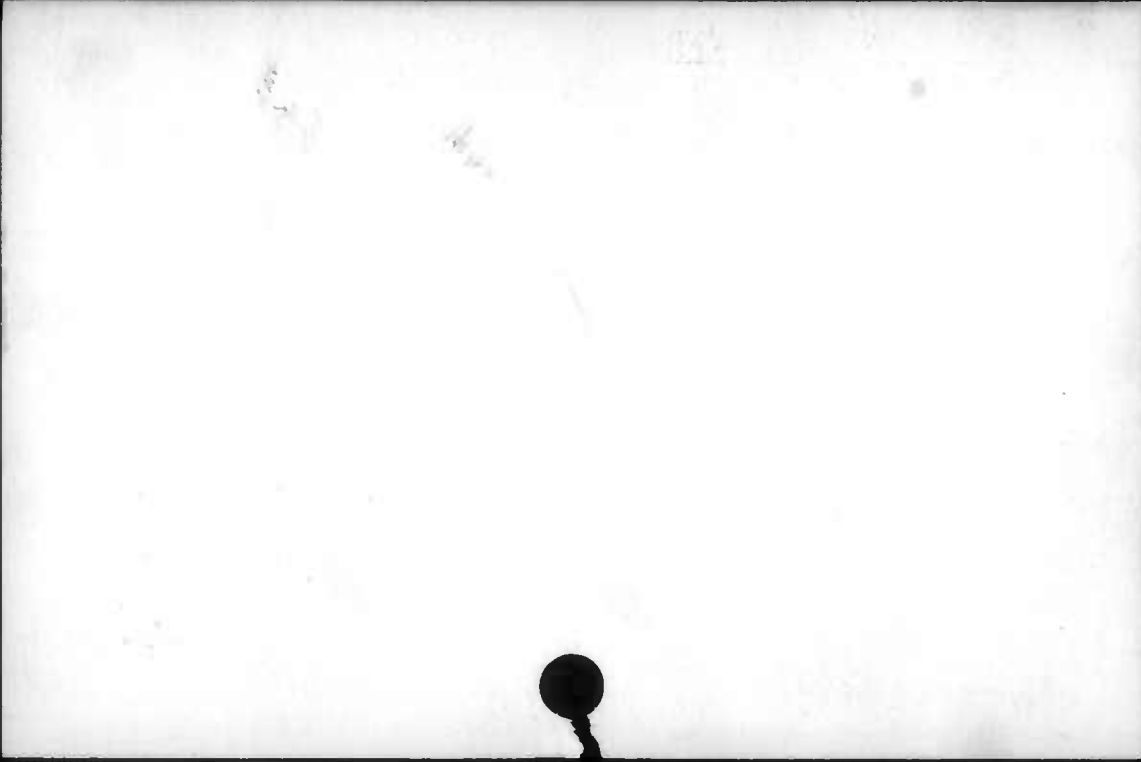
Died at		Town	County	MARYLAND	
Reisterstown		Baltimore Co			
Date of death	1940	Month	Day	Age	Years
1940	March	20		75	10
Sex	Female	Color or Race	White	Birth-place	Reisterstown
Occupation	Housewife	Where Residing if not at place of death		Reisterstown	
Married, Single or Widowed	married	Name of Wife or Husband		James H Berryman	
Father's Name	Solomon Chpate	Father's Birthplace		Maryland	
Mother's Maiden Name	Beckley Elizabeth	Mother's Birthplace		Reisterstown	
Name of person giving Information	Annie S Berryman	How related to deceased		daughter	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	2 years
Immediate	Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thurman
		Address	Glyndon
Accident or Suicide	X		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Charles S. Bridgley* Town *Cella* County *Balto*

Died at *Cella* Month *March* Day *14* Age *4* Months *9* Days *11*

Date of death *1940*

Sex *male* Color or Race *White* Birth-place *Cella*

Occupation *none* Where Residing if not at place of death *Cella*

Married, Single or Widowed *single* Name of Wife or Husband *none*

Father's Name *Walter Bridgley* Father's Birthplace *md*

Mother's Maiden Name *Sadie White* Mother's Birthplace *md*

Name of person giving Information *Walter Bridgley* How related to deceased *brother*

CAUSES OF DEATH

88 ✓

PHYSICIAN
OR CORONER

Primary *Spontaneous Corpse Toxication* How long *one week*

Immediate *Cardiac arrest + General necrosis* How long *20 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank D. Miller M.D.* Address *Ellicott City, Md.*

Accident or Suicide *—*

Easton Bros.
Oella Country.

Name
in
Full

Annie Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

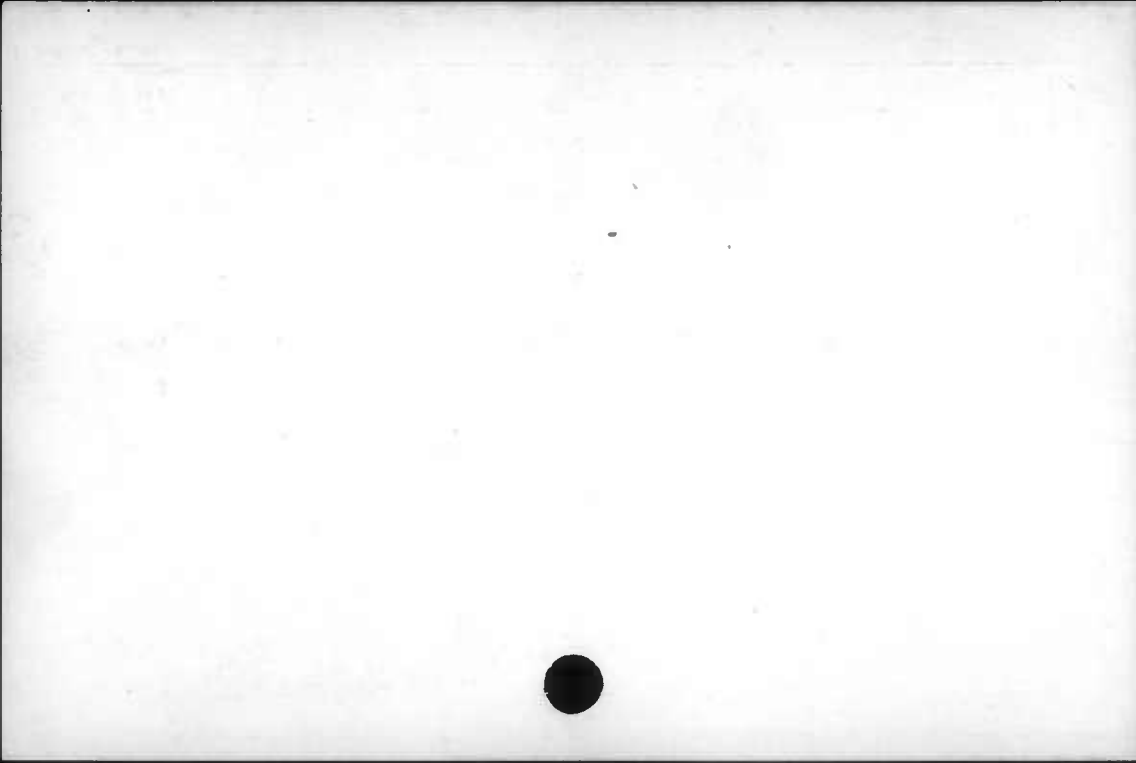
Died at ^{Town} Mt Hope Retreat ^{County} Baltimore		MARYLAND	
Date of death	1900	Month	March
	Day	17th	Age
	Years	40	Months
		not known	Days
Sex	Female	Color or Race	White
		Birth place	Pennsylvania
Occupation	Housework		
	Where Residing if not at place of death		
	Sunderbury Md		
Married, Single or Widowed	Single		
Name of Wife or Husband			
Father's Name	not known		Father's Birthplace
			not known
Mother's Maiden Name	not known		Mother's Birthplace
			not known
Name of person giving Information			How related to deceased
			not at all

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Terminal Dementia	How long	not known
Immediate	Ex - Chr. Nephritis - Uraemic Coma	How long	over 2 wks.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank J. Blumery
		Address	Mt Hope Retreat Md.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sidney J. Blunt

Town

County

MARYLAND

Died at

Date

of death

19

00

Month

Mar

Day

2

Age

Years

47

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Ind

Occupation

Farmer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Atwood Blunt

Father's
Birthplace

Ind

Mother's
Maiden Name

Amanda Offutt

Mother's
Birthplace

Ind

Name of person giving
in formation

Brady Blunt

How related
to deceased

Son

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary

Pistol Shot wound in head

How long

few minutes

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

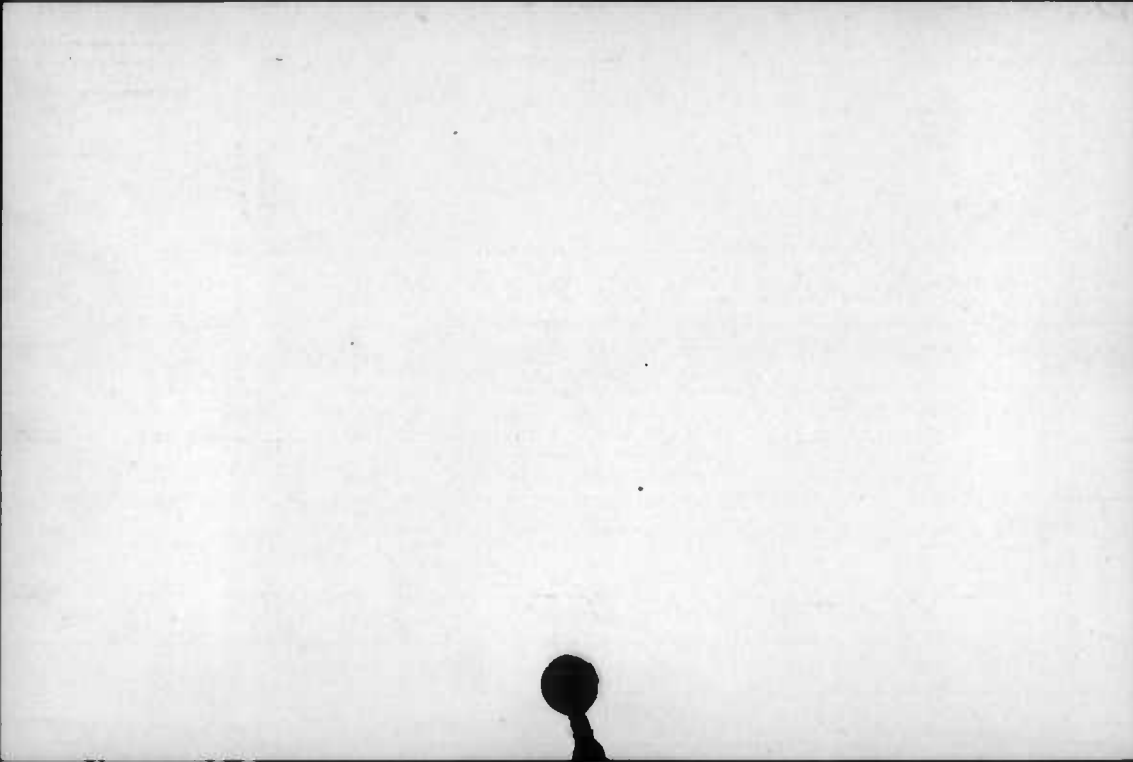
John T. Isaac

Coroner

Granite Maryland

Accident or Suicide?

Suicide



Name
in
Full

Edward Bohle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Willow Springs		County Baltimore		MARYLAND	
Date of death	1960	Month March.	Day 20	Age	22.	Years	Months 8.
Sex	Male.		Color or Race	White		Birth- place	Germany.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single.		Name of Wife or Husband				
Father's Name	John. Betz					Father's Birthplace	Germany.
Mother's Maiden Name	Kate Kellmeyer.					Mother's Birthplace	Germany
Name of person giving Information	Anna. Bohle.					How related to deceased	Aunt's Guardian

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Run over by Street Car	How long	166
Immediate	Head Out of	How long	175
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. L. S. M.D.
		Address	3323 E. 1st St
Accident or Suicide?			

H. Sandr & Son
1 - "Evangelical Church
March, 23rd 1910

Name
in
Full

David F. Bond

CERTIFICATE OF DEATH

Died at *Mo. Vista* ^{Town}*Balt.* ^{County}

MARYLAND

Date
of death *1940*Month *Jul*Day *20*

Age

Years *37*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Harford Co*

Occupation

*Mechanic*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Mary J. Bond*Father's
Name*Calvin Bond*Father's
Birthplace*Ind.*Mother's
Maiden Name*Kate Mitchell*Mother's
Birthplace*Ind.*Name of person giving
In formation*Mrs. Bond*How related
to deceased*Wife*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

About 1 year

Immediate

Pulmonary Tuberculosis

How long

*" " "*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Thomas B. Green M.D.*

Address

*Sitting
Maryland*

Accident or Suicide?

*X*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Disinfected Mar 21/10

S. F. H. Louch

Name
in
Full

Upton T Brashear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cella</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1980</u> <small>Month</small> <u>March</u> <small>Day</small> <u>12</u> <small>Age</small> <u>58</u> <small>Years</small>		<u>6</u> <small>Months</small>		<u>20</u> <small>Days</small>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Labor</u>	Where Residing if not at place of death <u>Cella</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Fannier D. Brashear</u>				
Father's Name <u>Richard S. Brashear</u>	Father's Birthplace <u>Maryland</u>				
Mother's Melden Name <u>C. A. Darsey</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Fannier D. Brashear</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

77

PHYSICIAN
OR CORONER

Primary <u>Pericarditis</u>	How long <u>2 days</u>
Immediate <u>Heart failure</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. J. Byrne</u>
	Address <u>Edgewater City Md</u>
Accident or Suicide	

Easton Mrs.
Oella Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death	<i>1910</i>	Month <i>March</i>	Day <i>2</i>	Age <i>74</i>	Years	Months <i>5</i>	Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth- place	<i>Germany</i>
Occupation	<i>Ship Carpenter</i>			Where Residing if not at place of death <i>1104 S. Chilton St.</i>			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Godfrey Brecht.</i>				Father's Birthplace	<i>Germany.</i>	
Mother's Maiden Name	<i>Not Known</i>				Mother's Birthplace	<i>Germany.</i>	
Name of person giving information	<i>Miss Brecht</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

Primary	<i>Fracture of Pelvis</i>	How long	<i>164</i>
Immediate	<i>Nephritis + Oedema Lung</i>	How long	<i>170</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. W. Athey</i>
		Address	<i>1902 Eastern Ave</i>
Accident or Suicide?			<i>17</i>

PHYSICIAN
OR CORONER

Baltimore Cemetery,
March 6th 1910

W. Sanders & Son,

Mr. Atty.

Name
in
Full

CERTIFICATE OF DEATH

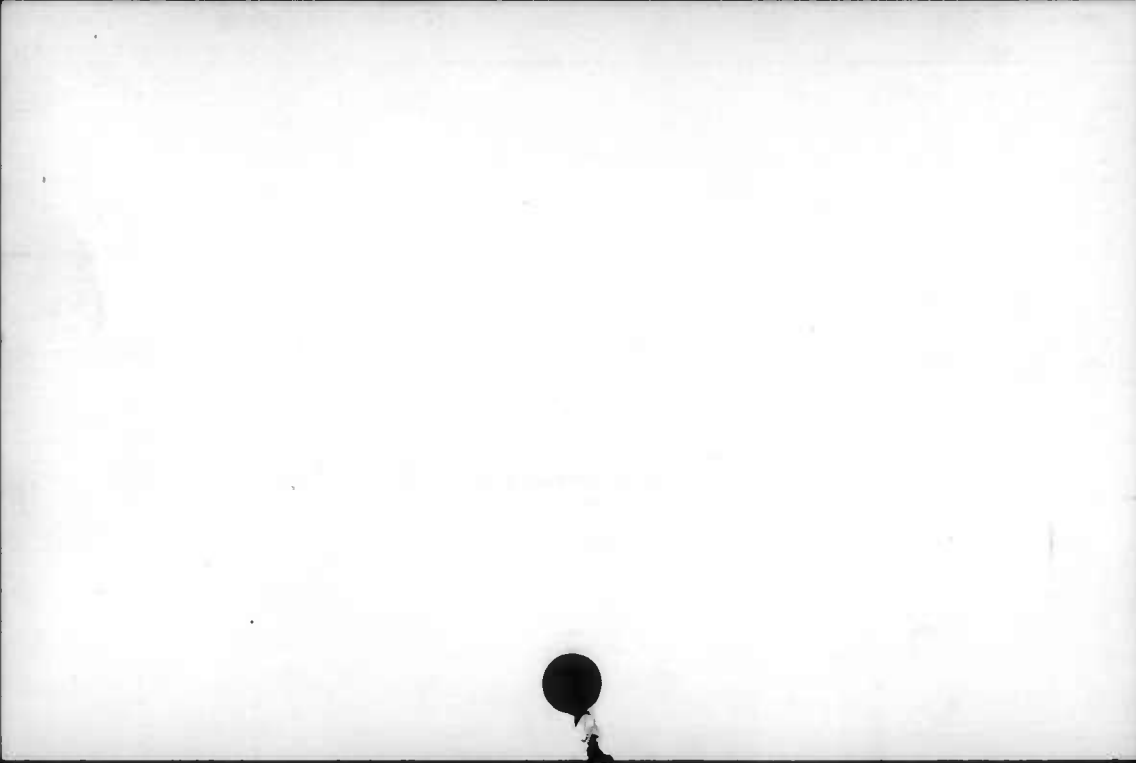
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	<i>Mar.</i> ^{Month}	<i>6</i> ^{Day}	Age <i>87</i> ^{Years}	<i>no</i> ^{Months}	<i>7</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Gray's Balto. Lev.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alberta Brown</i>				
Father's Name <i>John R. Brown</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Rebecca Brown</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>Alberta Brown</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

Primary <i>Senility</i>	How long <i>(64)</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Gambrell</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Wm. T. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Sparrows Point - ^{County} Balto. **MARYLAND**Date of death 1900 ^{Month} Mar. ^{Day} 22 ^{Years} Age 18 ^{Months} ^{Days}Sex Male ^{Color or Race} Negro ^{Birth-place} VirginiaOccupation Laborer ^{Where Residing if not at place of death} Sparrows PointMarried, Single or Widowed Single ^{Name of Wife or Husband}Father's Name Thos. Brown ^{Father's Birthplace} Va.Mother's Maiden Name Henrietta Morton ^{Mother's Birthplace} VaName of person giving Information Robt. Shepperson ^{How related to deceased} None

CAUSES OF DEATH

Primary Accident - fell into ^{How long}Immediate a vat of sulphuric acid ^{How long}

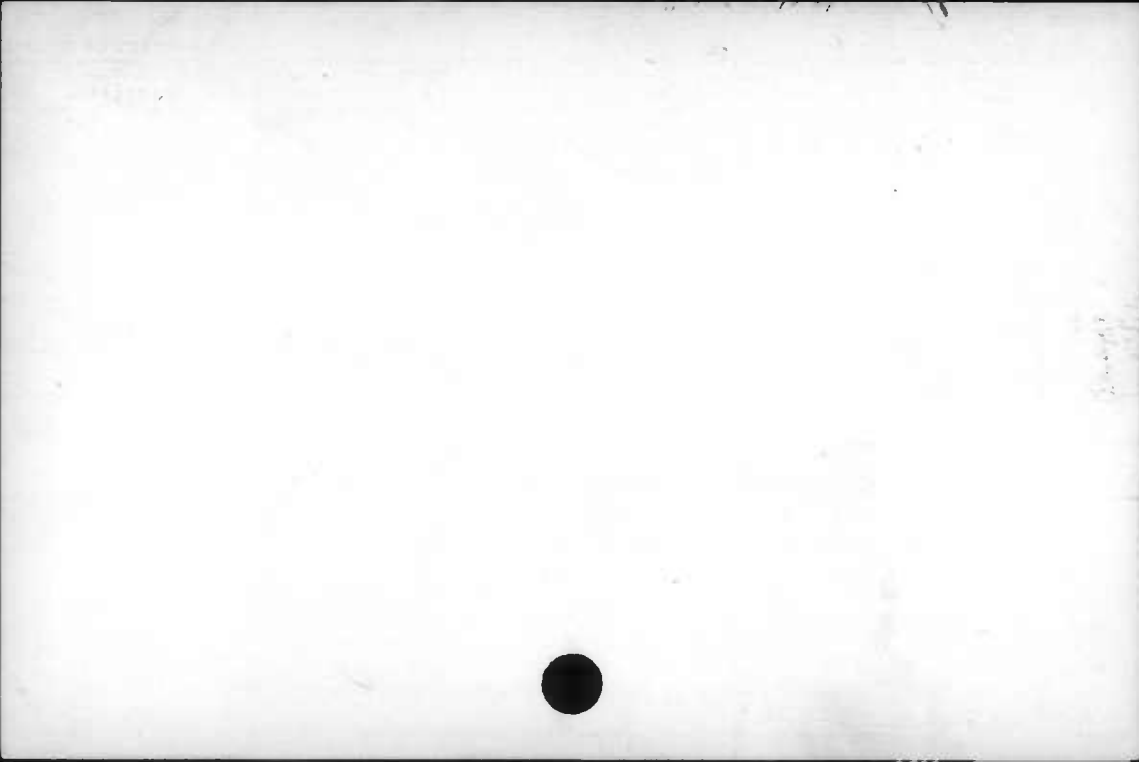
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician for Blair J. P.

Address Sparrows Point, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

I

John Bremner
Town

County

MARYLAND

Died at Texas

Balto.

Date

of death 1900

Month

March

Day

22

Years

Age 69

Months

9

Days

28

Sex

Male

Color or
Race

White

Birth-
place

Germany-

Occupation

Labourer in Steel works -

Where Residing if not
at place of death

Balto. Co Almshouse

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Unknown

Father's
Name

John Bremner

Father's
Birthplace

Germany

Mother's
Maiden Name

Sophia Biear

Mother's
Birthplace

Germany

Name of person giving
Information

House Register

How related
to deceased

None -

CAUSES OF DEATH

64

Primary

Paralysis - Apoplexy -

How long

8 days

Immediate

Coma

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes -

Signature of
Physician

Wilmer E. Gussow M.D.

Address

Cockeysville
Md.

Accident or Suicide

No

John Burnet & Sons
Towson

Interment-at.

John Hopkins

Name
in
Full

William Bunch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

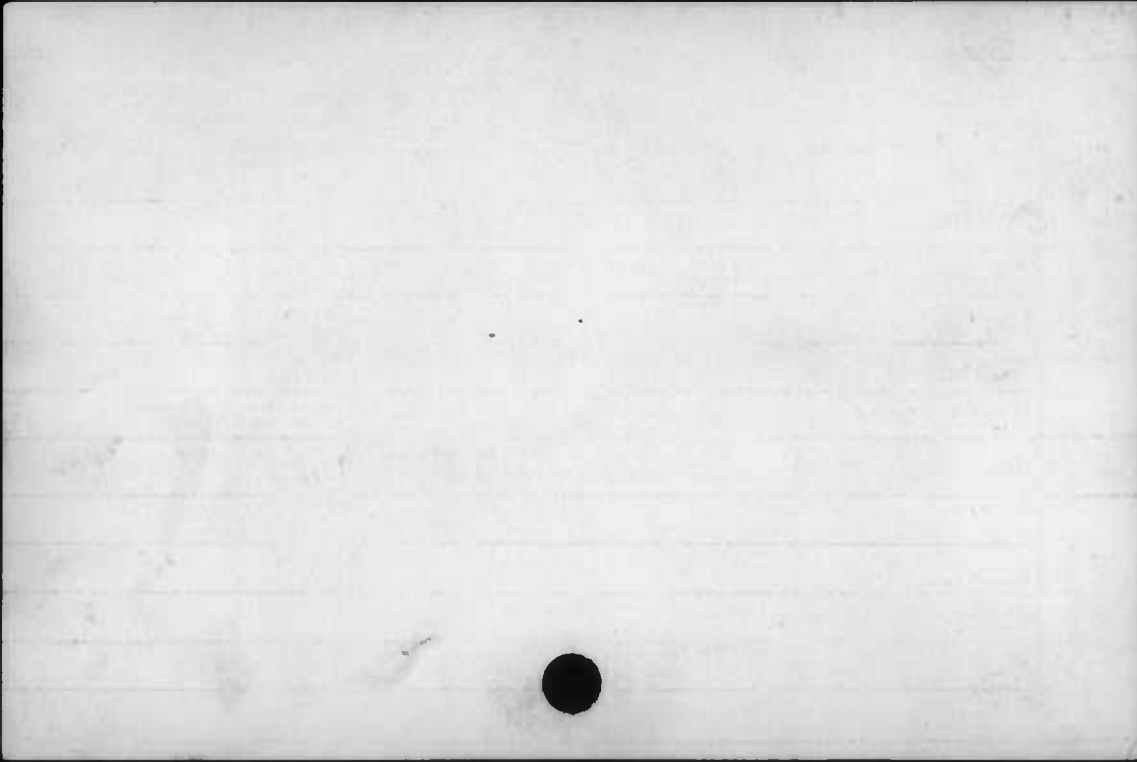
Died at <u>Sweet air</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1910</u> ^{Month} <u>March</u> ^{Day} <u>10</u>	Age	<u>One</u> ^{Years}	<u>One</u> ^{Months}	<u>Seven</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto. Co. Md.</u>
Occupation	<u></u>		Where Residing if not at place of death <u></u>		
Married, Single or Widowed	<u></u>		Name of Wife or Husband <u></u>		
Father's Name	<u>William H. Bunch</u>			Father's Birthplace	<u>Balto. City Md.</u>
Mother's Maiden Name	<u>Mary Beck</u>			Mother's Birthplace	<u>Balto. Co. Md.</u>
Name of person giving information	<u>Wm. Bunch</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

150 ✓

PHYSICIAN
OR CORONER

Primary	<u>Congenital Heart Disease</u>	How long	<u>1 month & 7 days.</u>
Immediate	<u>Congenital Heart Disease</u>	How long	<u>Instantaneous</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Morris B. Green M.D.</u>
		Address	<u>Gettysburg Maryland</u>
Accident or Suicide?			



Name
in
Full

Mary Burley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hillsville* ^{Town} *Balti* ^{County} **MARYLAND**

Date of death *1910* ^{Month} *8* ^{Day} *31* ^{Years} *20* ^{Months} *5-* ^{Days}

Sex *female* Color or Race *colored* Birth-place *ind*

Occupation *House wife* Where Residing if not at place of death

Married, Single or ~~Widowed~~ Name of Wife or Husband *Westley Burley*

Father's Name *Geo Green* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving information *Westley Burley* How related to deceased *Husband*

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary *Septicemia after confinement 8 days* ^{How long}

Immediate *Exhaustion* ^{How long}

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. B. Hall*

Address

Accident or Suicide?

George Burley
Mt Zion Cemetery

Name
in
Full

Susan Burrows (Dora)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Shanes Town

County

MARYLAND

Date

of death

1900

Month

March

Day

31

Years

Age

Months

Days

13/4

Sex

Female

Color or
Race

White

Birth-
place

White Hall, B. & D. Co.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

None

Father's
Name

Thomas Burrows

Father's
Birthplace

Md

Mother's
Maiden Name

Susan Bailey

Mother's
Birthplace

Balto. Co. Md.

Name of person giving
In formation

Mrs. Thos. Burrows

How related
to deceased

Mother

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary

Instrumental delivery

How long

Immediate

Probably intra cranial hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

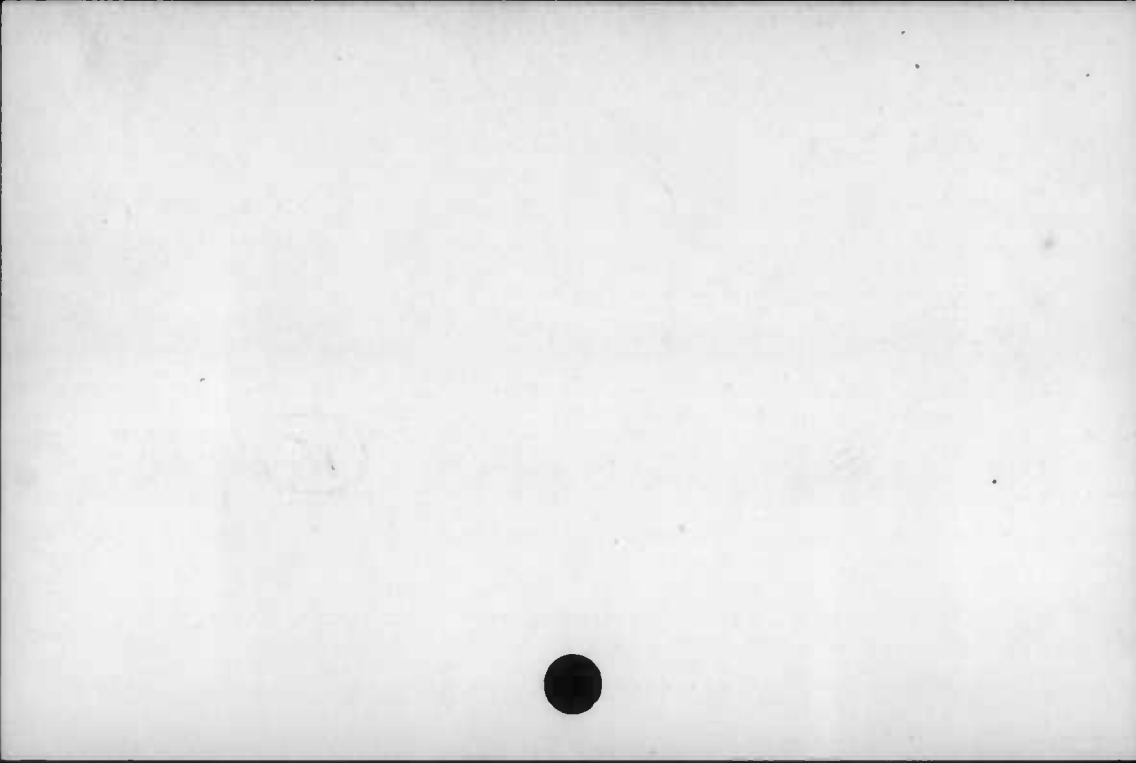
Yes

Signature of
Physician

Address

Melson Sumner
Stewartstown Pa.

Accident or Suicide?



Name
in
Full

Susan Annelita Cassidy X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Notch Cliff</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>3</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>24</i>	<i>7</i> <small>Months</small>	<i>1</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Teacher</i>	Where Residing if not at place of death <i>Notch Cliff</i>				
Married Single <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Michael Cassidy</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Judith McGuire</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Sister Clarice</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Ten Months</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris B. Green M.D.</i>
<i>Uninfected</i> <i>J.H. Grouch</i> <i>740</i>	Address <i>Sitting Maryland</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

A. Fink & Son
Undertakers,
Baltimore

Govens town Cemetery
Private

Burial Permit & Trans-
portation sheet issued
from the 9th district
office

R to Massenburg

March 4 - 1910

From
deceased J. F. Gersbach

Name
in
Full

CERTIFICATE OF DEATH

Chaney, Charles W

Town

County

MARYLAND

Died at

Leptonville

Bullo

Date

of death

1900 March 18

Age

67

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Boiler - Maker

Where Residing if not
at place of death

X

Married, Single
or Widowed

Married

Name of Wife or
Husband

unk

Father's
Name

James Chaney

Father's
Birthplace

Ma

Mother's
Maiden Name

Jane Bordley

Mother's
Birthplace

Ma

Name of person giving
Information

Miss Chaney

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Chronic Bright's Disease

Immediate

Valvular Disease of Heart

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

How long

1 yr

How long

2 days

Accident or Suicida

No

J. Percy Wade
Leptonville, Ma

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William J. Dickrud + Sons.
Green Mount Cemetery

Name
in
Full

Gledore A. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cella</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death 19 <u>90</u> <u>March</u> Month		<u>23</u> Day	Age <u>—</u> Years	<u>3</u> Months	<u>—</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Cella</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>John Clark</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Mary A. White</u>	Mother's Birthplace <u>Ind.</u>				
Name of parson giving Information <u>John R. White</u>		How related to deceased <u>Grandfather</u>			

CAUSES OF DEATH

Primary <u>Membranous Croup</u>	<u>9</u> How long <u>2 days</u>
Immediate <u>General Trauma - Cardiac Arrest</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank Q. Miller M.D.</u>
	Address <u>Ellicott City Md</u>
Accident or Suicide <u>—</u>	

PHYSICIAN
OR CORONER

Eastern Sons.

Oella Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Leole, Robert H.*

Town: *Leatonville* County: *Bullo*

Died at: *Leatonville* Maryland

Date of death: *1960* Month: *March* Day: *9* Age: *61* Years: *61* Months: *61* Days: *61*

Sex: *Male* Color of Race: *White* Birth-place: *Maryland*

Occupation: *None* Where Residing if not at place of death: *X*

Married, Single or Widowed: *Single* Name of Wife or Husband: *X*

Father's Name: *unk* Father's Birthplace: *unk*

Mother's Maiden Name: *unk* Mother's Birthplace: *unk*

Name of person giving Information: *—* How related to deceased: *—*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary: *Dementia (Terminal)* How long: *20 yrs*

Immediate: *Pneumo-Pneumonia* How long: *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician: *Percy Wade*

Address: *Leatonville, Md*

Accident or Suicide: *No.*

William Cook.
David Ridge Cemetery

Name
in
Full

Ertrud Cooper

CERTIFICATE OF DEATH

Died at ^{Town} St. Louis ^{County} Baltimore MARYLAND

Date of death 1960 Month 3 Day 6 Age 1 Months 2 Days

Sex Female Color or Race Colored Birth-place Md

Occupation X Where Residing if not at place of death at home

Married, Single or Widowed Name of Wife or Husband

Father's Name Sam Cooper Father's Birthplace Md

Mother's Maiden Name Hattie Hanson Mother's Birthplace Md

Name of person giving Information Sam Cooper How related to deceased Hattie

CAUSES OF DEATH

Primary Pneumonia How long 7 months & weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Easton - Sons -
Elkridge
Newark Co.

Name
in
Full

Carubin Corbin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baynesville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	<i>2</i> ^{Month}	<i>2</i> ^{Day}	<i>51</i> ^{Years}	<i>9</i> ^{Months}	<i>22</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		<i>Baynesville Md</i>	
Married, Single <i>Widowed</i>		Name of Wife <i>John R Corbin</i> ^{Husband}			
Father's Name <i>Mr Brown</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sarah Francis</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>John R Corbin</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Henry A. Long</i>	
		Address <i>Hamlet Md</i>	
Accident or Suicide <i>No</i>			

PHYSICIAN
OR CORONER

F. Lassahn & Sons
Providence Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Viola Parsons Corbin*
Town *Lock Raven* County *Balto*
Died at *Balto* MARYLAND
Date of death 1900 Month 3 Day 20 Age 36
Sex *Female* Color or Race *White* Birth-place *Baltimore*
Occupation *Wife* Where Residing if not at place of death *Lock Raven*
Married, Single or Widowed *Married* Name of Wife or Husband *George N. Booth*
Father's Name *George N. Booth* Father's Birthplace *Baltimore*
Mother's Maiden Name *Elizabeth N. Booth* Mother's Birthplace *Baltimore*
Name of person giving Information *Ellen Schantz* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Tetanus* How long *Three days*
Immediate *Tetanus* How long *Three days*
Are the name, age, sex, color, data and place correctly given above? *yes*

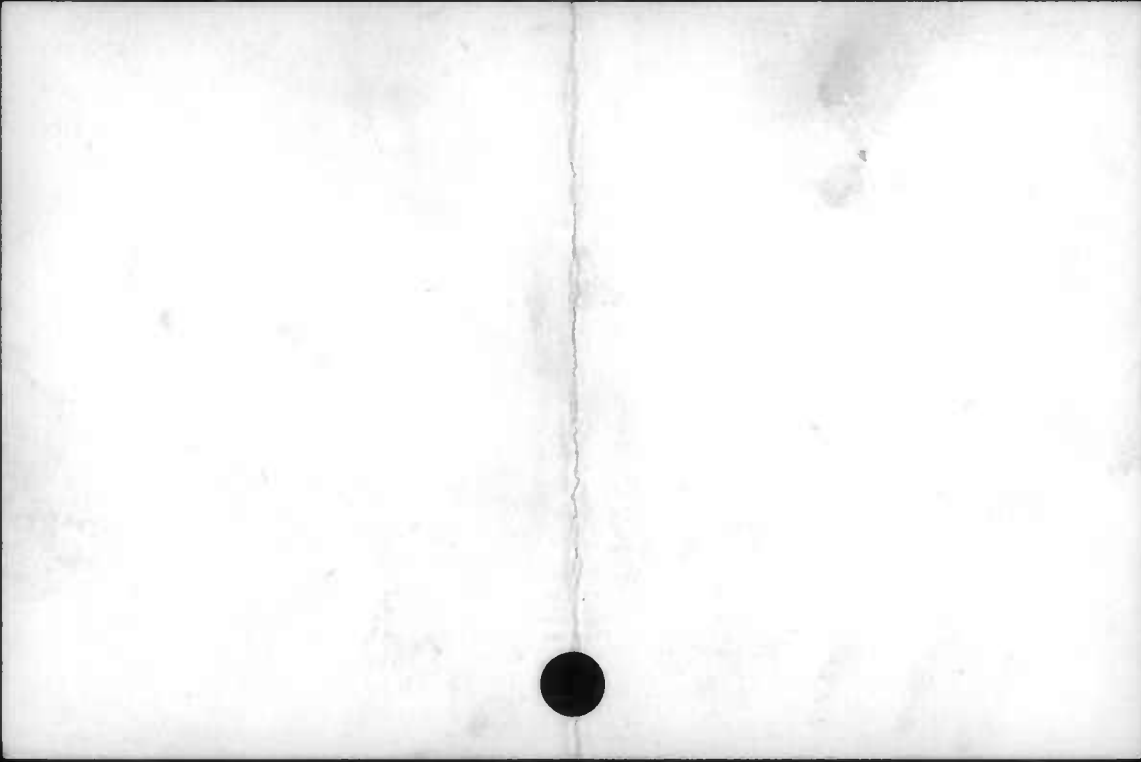
Signature of
Physician

Address

John A. Green
Hillings,
Ind.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Milton Dance

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

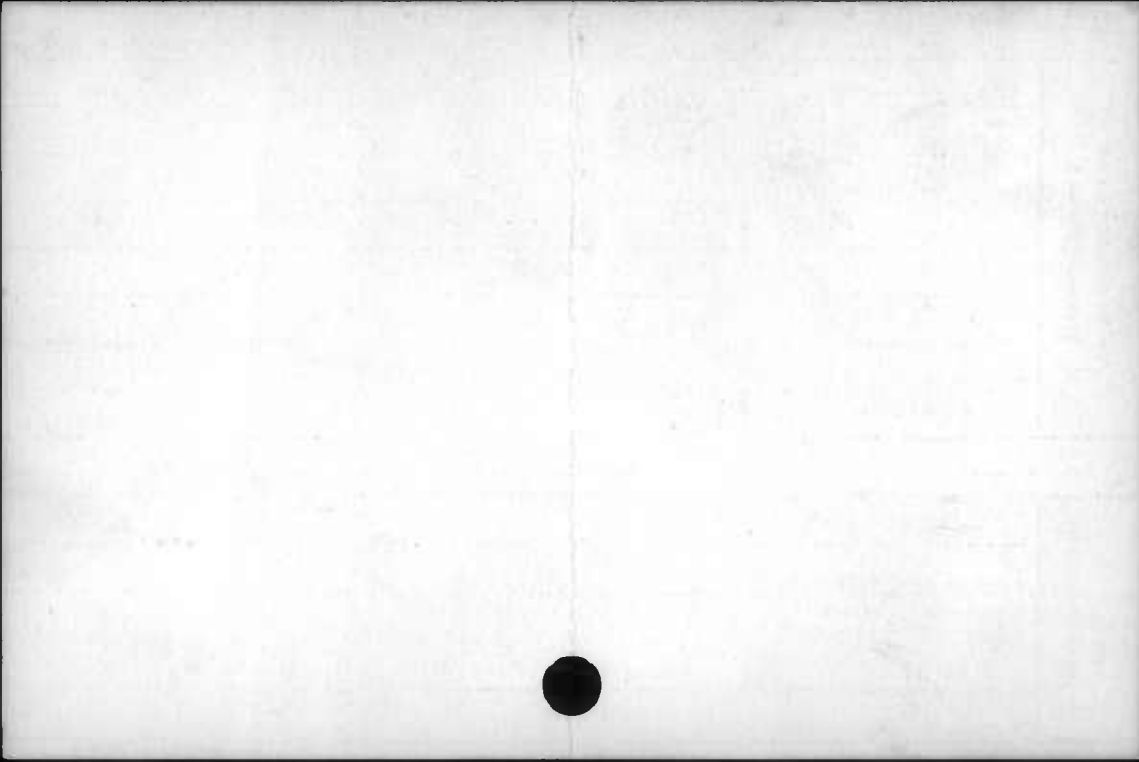
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1940		Mar	12	Age 82		9	
Sex		Color or Race		Birth-place			
male		White		Penn			
Occupation				Where Residing if not at place of death			
Retired farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Jimmie Sherman					
Father's Name				Father's Birthplace			
Joseph G. Dance				Penn.			
Mother's Maiden Name				Mother's Birthplace			
Mary Anderson				Penn.			
Name of person giving information				How related to deceased			
G. Scott Dance				Brother			

CAUSES OF DEATH

63 ✓

PHYSICIAN
OR CORONER

Primary	Progressive Muscular Paralysis	How long	3 years
Immediate	General debility	How long	Not known
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John S. Green	
		Address	
		Sittington	
		Ind. 11	
Accident or Suicide?			



Name
in
Full

Herbert Lewis Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

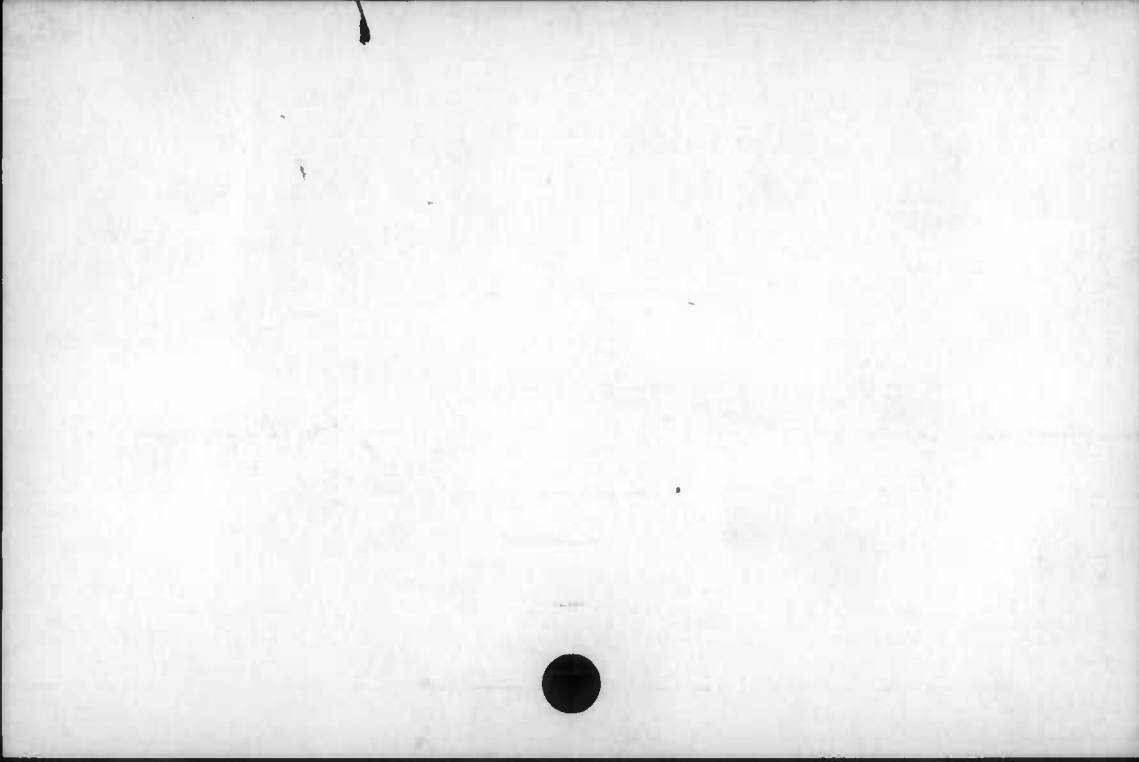
Died at ^{Town} <i>Cornings Mills,</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>March</i>	Day <i>25</i>	Age <i>2.0</i>	Months <i>3</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Female of Maryland Asylum Dr. School for Feeble Minded</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles E. Dawson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sue C. Dawson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Chas E. Dawson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>8 years</i>
Immediate <i>Status Epilepticus & Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Keating M. D.</i>
	Address <i>Cornings Mills, Md</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Devine</i>		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Towson</i>		Month <i>March</i>		Day <i>18</i>		Years <i>25</i>	
Date of death <i>1910</i>		Month <i>March</i>		Day <i>18</i>		Years <i>25</i>	
Sex <i>Male</i>		Color or Race <i>(Col)</i>		Birth-place <i>Md</i>		Months —	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Towson</i>		Days —			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Devine</i>		Father's Birthplace <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>	
Father's Name <i>Don't Know</i>		Mother's Maiden Name <i>Leenie Devine</i>		How related to deceased <i>wife</i>			
Name of person giving information <i>Mary Devine</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ethroid fever</i>	How long <i>5 weeks</i>
Immediate <i>Rodriguez Asthma</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Boynton Howard</i>
	Address <i>Towson Md.</i>
Accident or Suicide?	

John Burns Sons
Towson

Interment in
Sandy Springs
Montgomery Co
Md.

Name
in
Full

Charles C. Dienstbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>3</i>	Day <i>3</i>	Age <i>38</i>	Years <i>1</i>	Months <i>25</i>	Days <i>25</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Maryland</i>
Occupation	<i>Clerk in Store</i>			Where Residing if not at place of death		<i>Towson</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>X</i>		
Father's Name	<i>Henry Dienstbach</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Marie Katharine Bach.</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving In formation	<i>Henry Dienstbach</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Pulmonalis</i>		How long	<i>7 years</i>
Immediate	<i>Asthma</i>		How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			Address <i>Towson</i>	
Accident or Suicide?		<i>No</i>		

John Buss. Ins -
Emanuel Carr.
Sauraville
Ballö.
Co.

Name
in
Full

Neoma Dixon -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patapsco River</i>		Town <i>Patapsco River</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death 19 <i>10</i>	Month <i>March</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>—</i>	
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Balt Co. Md.</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Patapsco River Weehart P.O.</i>						
Married Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Chas. H. Dixon</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Georgianna Powelle</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving Information <i>Georgianna Dixon</i>	How related to deceased <i>mother</i>						

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Convulsion</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lausdowne, Balt Co. Md.</i>
Accident or Suicide	

Geo. Harper

Mt Auburn
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

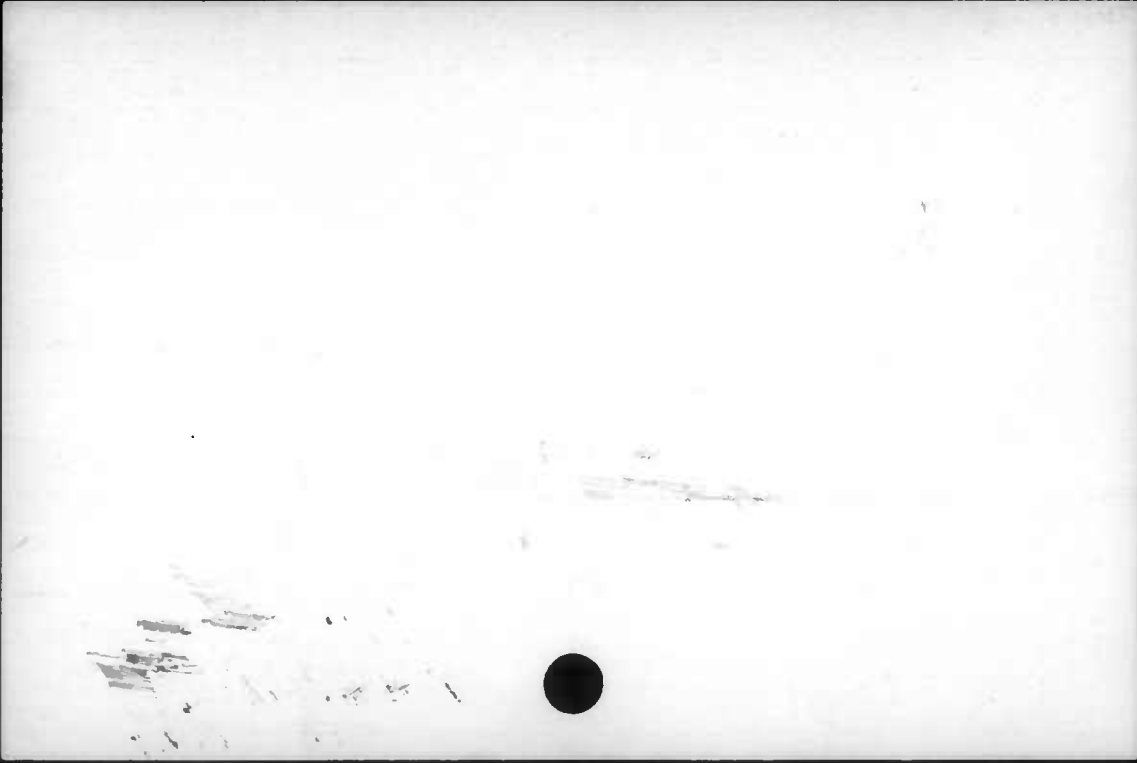
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death 19 <i>10</i>		Month <i>March</i>		Day <i>28</i>		Age <i>50</i>	
Sex <i>M.</i>		Color or Race <i>W</i>		Birthplace <i>Russia</i>		Months	
Occupation <i>Tailor</i>		Where Residing if not at place of death <i>505 Asquith St. Balto City</i>		Years		Days	
<u>Married</u> Single or Widowed		Name of Wife or Husband <i>unknown</i>		Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>	
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>		Name of person giving information		How related to deceased	

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph E. Gieschner</i>
Accident or Suicide	Address <i>1216 Madison Ave - Balto City</i>

PHYSICIAN
OR CORONER



Name
in
Full

Dora Le Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Howardville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1940</u>	Month <u>3</u>	Day <u>28</u>	Age <u>3</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Balto. Co.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>Howardville</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles Dorsey</u>	Father's Birthplace <u>Balto. Co.</u>				
Mother's Maiden Name <u>Julia Sanders</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>Julia Dorsey</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

118

v

PHYSICIAN
OR CORONER

Primary <u>Pertussis</u>	How long <u>about 2 weeks</u>
Immediate <u>Pneumony Congestion</u>	How long <u>94 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. E. M.</u>
	Address <u>Perkasie Ind.</u>
Accident or Suicida	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

X

Charles W. Duffy

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1940		March	20	67		9	21
Sex	Male	Color or Race	White		Birth-place	Baltimore, Md.	
Occupation	Real Estate		Where Residing if not at place of death		Towson, Md.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Michael W. Duffy				Father's Birthplace	Ireland	
Mother's Maiden Name	Rose Ann Gibbons				Mother's Birthplace	Ireland	
Name of person giving Information	Miss Rowena Duffy				How related to deceased	Niece	

CAUSES OF DEATH

Primary Chronic Nephritis

Immediate Haemuria

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

120 ✓
How long unknown
How long 3 days
J. W. Fair
12 E 75th St

Accident or Suicide

Place of burial,

Undertakers, Henry W. Mears & Son,

Baltimore, Md.

Name
in
Full

Mary A Dykes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cella Town Balto County MARYLAND

Date of death 1990 Month March Day 11 Age 76 Months 7 Days 20

Sex Female Color or Race White Birth-place Maryland

Occupation Retired Where Residing if not at place of death Cella

Married, Single or Widowed Widower Name of Wife or Husband None

Father's Name Don't know Father's Birthplace Germany.

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving Information Walter Dykes How related to deceased Son

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary Smile Dehydration How long _____

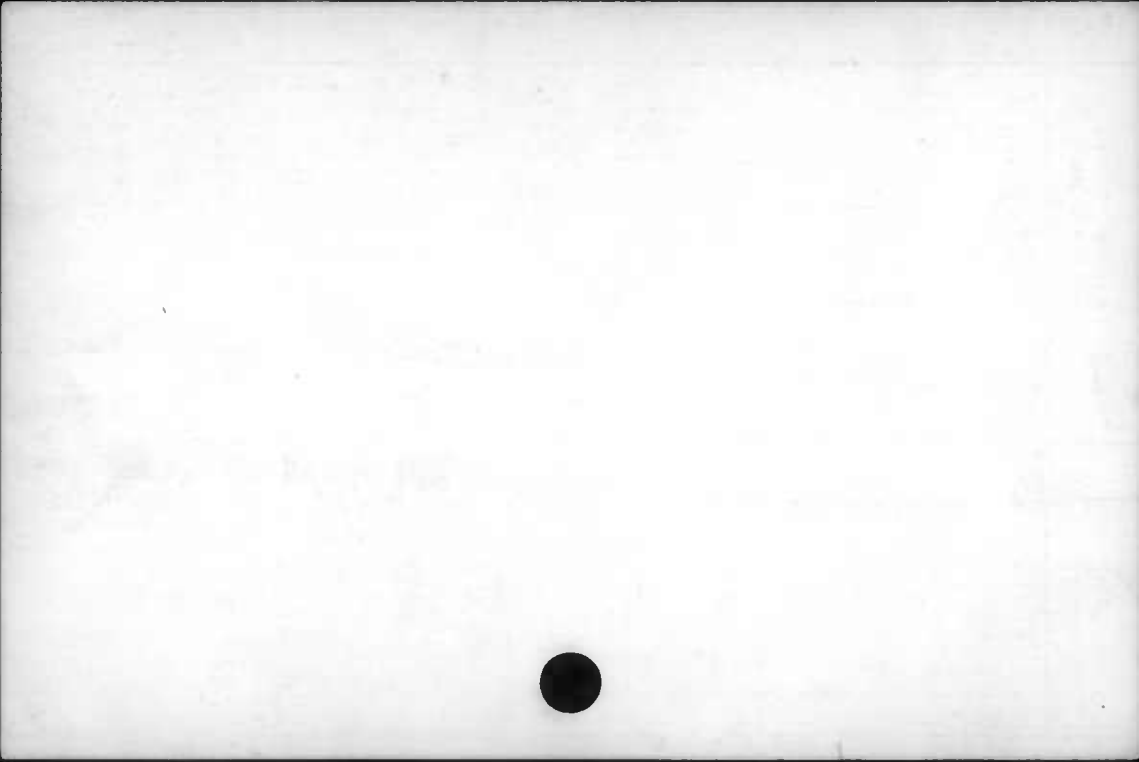
Immediate Pharynx (Dysphagia) How long 3 days

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician John H. H. H. H. H.

Address Admitted to hospital

Accident or Suicide _____



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Name
in
Full

George East

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Westport</i> Town		<i>Baltimore</i> County			
Date of death <i>1900</i>	Month <i>March</i>	Day <i>28th</i>	Years <i>Age 41</i>	Months <i>10</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Blacksmith</i>			Where Residing if not at place of death <i>Maryland Ave.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie East</i>				
Father's Name <i>John East</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catherine Kohl</i>			Mother's Birthplace <i>Balto.</i>		
Name of person giving information <i>Annie East</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

40

Primary <i>Cancer of Liver & Stomach</i>	How long <i>4 months</i>
Immediate <i>Inanition & heart failure</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes!</i>	Signature of Physician <i>Wm Gombel, M.D.</i>
	Address <i>1704 Madison Ave. Baltimore, Md.</i>
Accident or Suicide?	

13

E. Schloman & Son,
London Park Lane.

Name
in
Full

CERTIFICATE OF DEATH

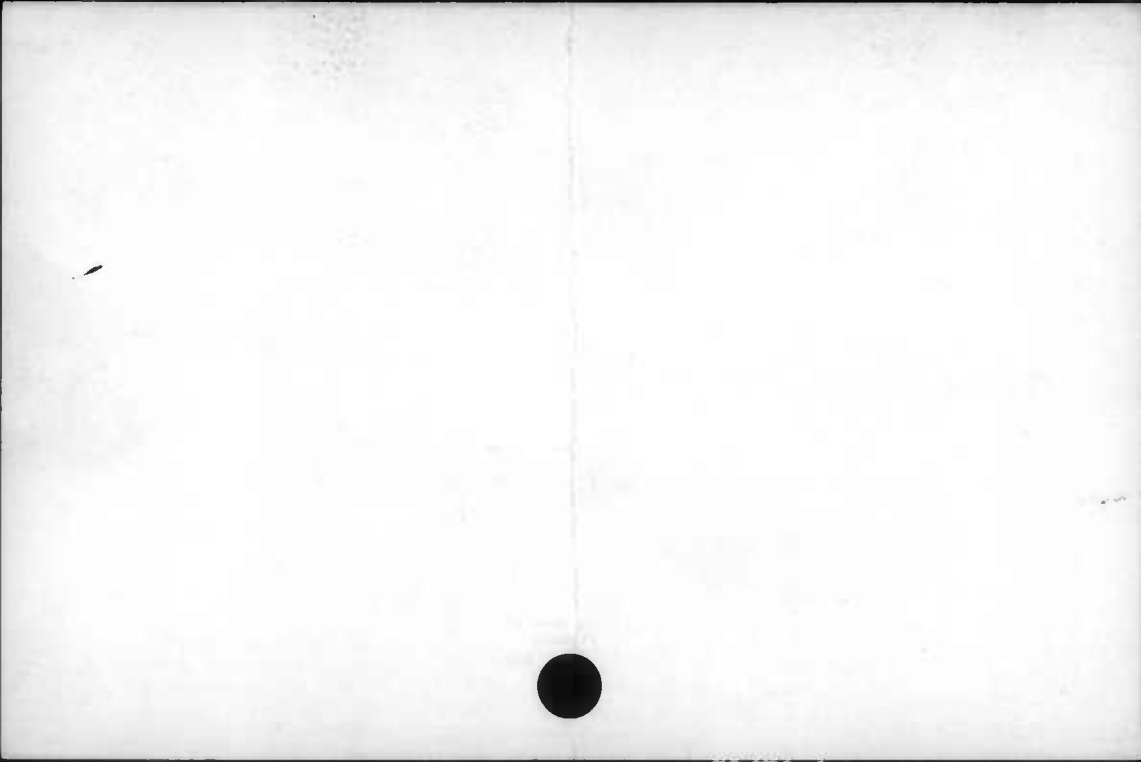
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Fannie Ross Edwards		Town Manor		County Balto.		MARYLAND	
Died at		Month 3		Day 1		Years 67	
Date of death 1960		Month 3		Day 1		Years 67	
Sex Female		Color or Race White		Birthplace Baltimore			
Occupation Housewife		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Married		Name of Wife or Husband Richard Henry Edwards					
Father's Name Wm. Ross		Father's Birthplace Balto.					
Mother's Maiden Name Francis Miles		Mother's Birthplace Md.					
Name of person giving Information Fannie Curry		How related to deceased Daughter					

CAUSES OF DEATH

Primary	Chronic Bronchitis	How long	10 yrs
Immediate	Cardiac Asthenia	How long	2 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. Ross Payne	
		Address Corbett	
Accident or Suicide No		Md.	

PHYSICIAN
OR CORONER



Name in Full **William H Ehlers**
Frederick *Frederick*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Baltimore** *Frederick* County **Baltimore Co.** MARYLAND
Date of death **1910** Month **March** Day **8** Age **76** Years Months Days
Sex **M.** Color or Race **W.** Birth-place **Baltimore Md.**
Occupation **Farmer** Where Residing if not at place of death **Acadia, Balto. Co.**
Married, ~~Single~~ **Married** Name of Wife or Husband **Sarah R. Ehlers**
Father's Name **Lewis Ehlers** Father's Birthplace **Germany**
Mother's Maiden Name **Louisa Saymenig** Mother's Birthplace **Md.**
Name of person giving Information **Lewis Ehlers** How related to deceased **Brother**

CAUSES OF DEATH

Primary **Old Age**
Immediate **Hemiplegia**
Are the name, age, sex, color, date and place correctly given above? **Yes**

66 ✓
How long

How long

3 days

Signature of Physician

Howard W. Jones M.D.
Livingston

Address

PHYSICIAN
OR CORONER

Accident or Suicide **No**

George J. Smith.
Lorden Park.

Name
in
Full

Elizabeth A. Ennor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Delannoy's Valley</i>		County <i>Balto Co</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>3</i>	Day <i>1</i>	Age <i>78</i>	Years	Months	-Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>near Harford</i>				
Occupation <i>house wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Geo R. Ennor</i>						
Father's Name <i>Louis Knapp</i>	Father's Birthplace <i>Baltimore</i>						
Mother's Maiden Name <i>Rachel Pierce</i>	Mother's Birthplace <i>Balto Co</i>						
Name of person giving in formation <i>Mrs. Robison</i>	How related to deceased <i>Niece</i>						

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>six months</i>
Immediate <i>Congestion of lungs</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John A. Green</i>
	Address <i>Gittings Md.</i>
Accident or Suicide?	

Funeral at Gerson
Church Friday March
3rd

M. E. Brooks

Will you please
mail permit

Name

in
Full

CERTIFICATE OF DEATH

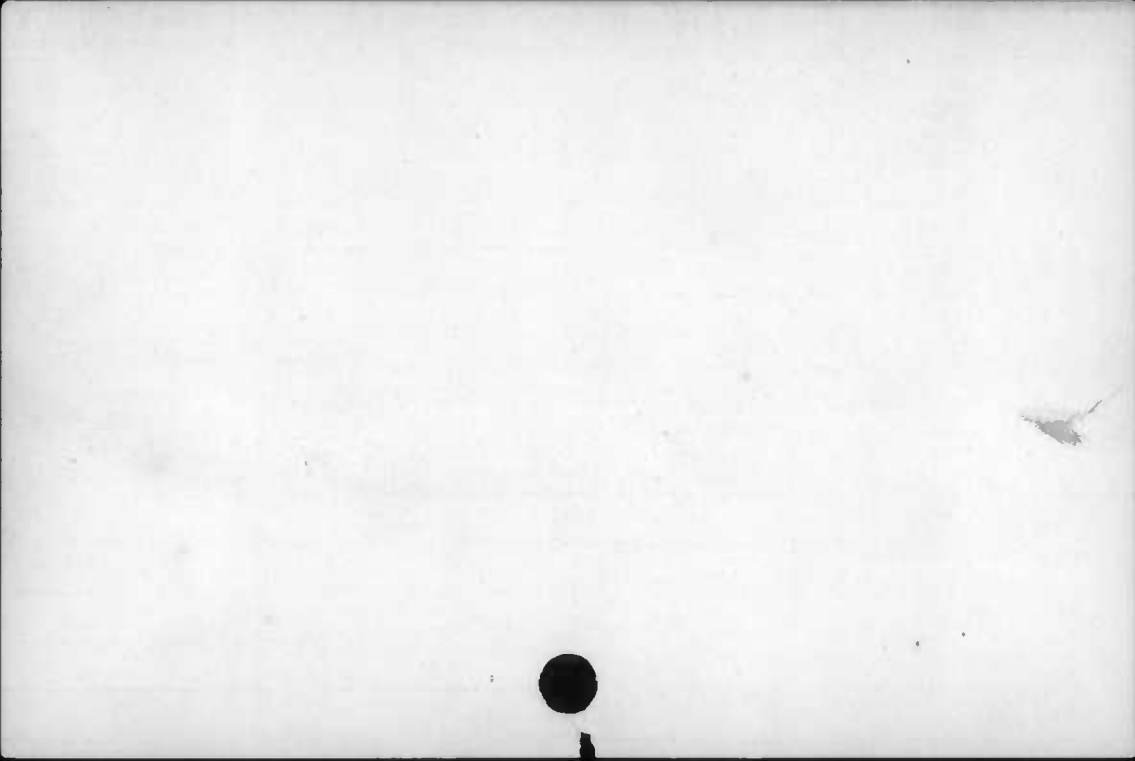
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore Md</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1950</i>	Month <i>Mar</i>	Day <i>15th</i>	Age <i>54</i>	Years	Months <i>3</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Connecticut</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>1323 M ilton Ave</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Adrian H. Fitzpatrick</i>						
Father's Name <i>John M. Connick</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>John M. Fitzpatrick</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

Primary <i>Maxillary Abscess - Operation</i>	How long <i>4 weeks?</i>
Immediate <i>Septic Thrombosis-Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frederick J. Cronk</i>
	Address <i>St. James Hospital</i>
Accident or Suicide? <i>No</i>	<i>Baltimore</i>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph M. Flack		Town Catonsville		County Balto		State MARYLAND	
Died at Catonsville		Month Feb		Day 21		Age 50	
Date of death 19 40		Months 2		Years 50		Days Y	
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Boilermaker		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband Mary Flack					
Father's Name Joseph H Flack		Father's Birthplace Germany					
Mother's Maiden Name Lulu not known		Mother's Birthplace Germany					
Name of person giving Information Mary Flack		How related to deceased Wife					

CAUSES OF DEATH

(79) ✓

PHYSICIAN
OR CORONER

Primary	Valvular Heart disease	How long	2 years
Immediate	Backen Compensation	How long	15 min
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Ralph P. Winterer M.D.	
Address		Catonsville, Md.	
Accident or Suicide		No	

Md. Hospital for the Insane

New Cathedral in
Jos B. Cook

Name
in
Full

Anna M. Troll.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Balto. ^{County} MARYLAND

Date of death 1940 ^{Month} chh. ^{Day} 3rd ^{Years} 73 ^{Months} 5 ^{Days} 25

Sex Female Color or Race White Birth-place Germany

Occupation House Work. Where Residing ^{if not at place of death} 1003 S. East Ave.

Married, Single or Widowed Widow Name of ~~Wife~~ ^{Husband} John H. Troll, Deceased,

Father's Name Don't Know Father's Birthplace Germany

Mother's Maiden Name " " " " Mother's Birthplace " " " "

Name of person giving Information Maggie Jones How related to deceased Daughter

CAUSES OF DEATH

Primary Mitral Insufficiency ^{How long} Unknown

Immediate Edema of Lungs ^{How long} 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. J. McAvoy M.D.
839 S. Canton St.

Accident or Suicide

Lorraine Cemetery
Mch. 5th - 1960
Lilly and Zeiler
Undertakers

Name
in
Full

Forrester

✓
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town		<i>Balto</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>Mich.</i>		Day <i>20</i>		Age <i>—</i>		Years Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Highlandtown Md.</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Forrester</i>				Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary White</i>				Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Harry Forrester</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>② Senatorial Stillbirth</i>		How long <i>8</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>Dr. F. A. Gearty</i>	
		Address <i>3244 Eastern Ave.</i>	
Accident or Suicide			

Baltimore Cemetery

March 20, 1910

Zirkler & Zirkler
1739 E. Eager,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn Tiraas
Town

County

Balto.

MARYLAND

Date

of death

1940

Month

April

Day

16th

Age

Years

30

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

Blacksmith

Where Residing
et place of death

1137 S. Clinton St.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robert Tiraas

Father's
Birthplace

Balto. Co.

Mother's
Maiden Name

Mary Gensler

Mother's
Birthplace

" "

Name of person giving
Information

Robert Tiraas

How related
to deceased

Father

CAUSES OF DEATH

Primary

~~Pulmonary tuberculosis~~
~~syphilis & ex haustion~~

How long

11 mos.

Immediate

Toxemia & ex haustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

William H. Schwarz M.D.
1200 N. Caroline St.
Baltimore, Md.PHYSICIAN
OR CDROMER

Accident or Suicide

Silly Ed Zeiler.

403 S. Wolfe St.

DM. Carmel. Cemetery

March 18th/10

Name
in
Full

Char. O. Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

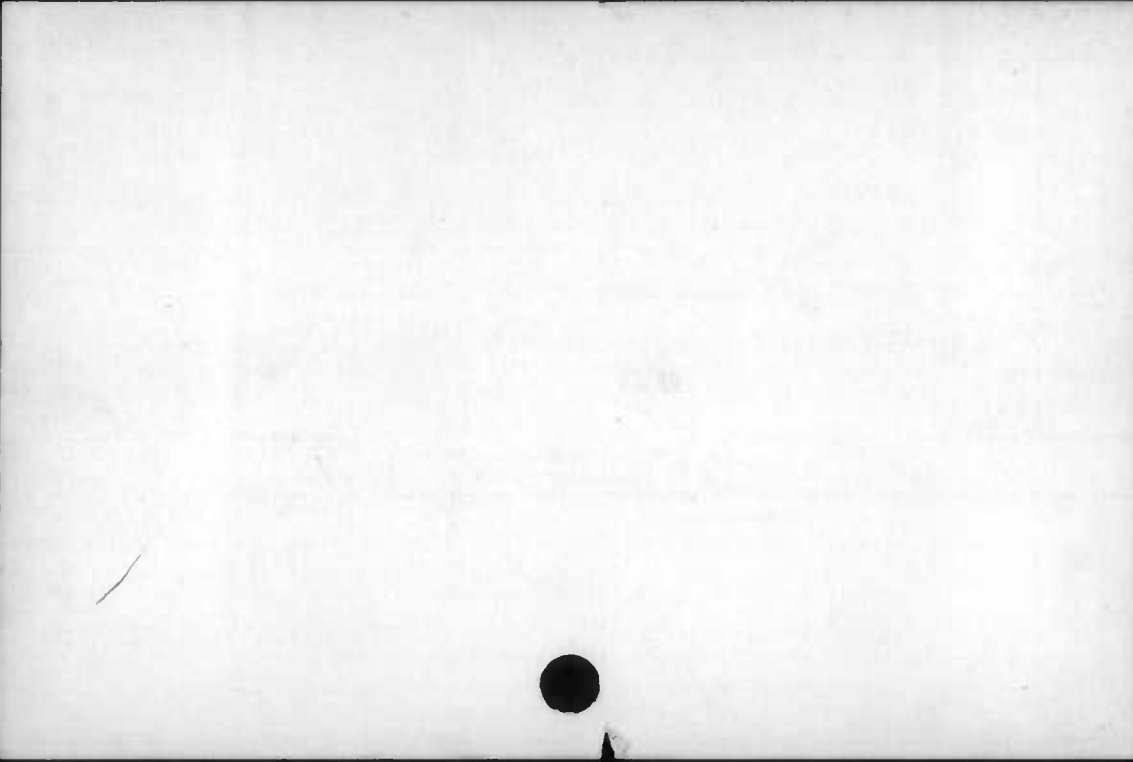
Died at <u>Arlington</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1960</u> ^{Month}	<u>Nov.</u> ^{Day}	<u>23</u> ^{Year}	<u>X</u> ^{Months}	<u>2</u> ^{Days}
Sex	<u>male</u>		Color or Race	<u>W.</u>	
Occupation	<u>hipart</u>		Birth-place	<u>Arlington Md</u>	
Where Residing if not at place of death			<u>Arlington</u>		
Married, Single or Widowed <u>✓</u>			Name of Wife or Husband <u> </u>		
Father's Name <u>Benjamin P. Franklin</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Grace E. Oler</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary	<u>Intestinal Intussusception</u>	How long	<u>2 days.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>James S. Atchurst MD</u>	
		Address <u>4005 Park Heights - av.</u>	
Accident or Suicide? <u>✓</u>			



Name
in
Full

William Frankton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Lanarville		Baltimore					
Date of death	1940	Month	March	Day	5th	Age	39
						Months	6
						Days	19
Sex	Male		Color or Race	White		Birth-place	England
Occupation	Clerk		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or husband	Carrie Belle Frankton			
Father's Name	Thomas Frankton				Father's Birthplace	England	
Mother's Maiden Name	Sarah Porter				Mother's Birthplace	England	
Name of person giving Information	J. H. Mitchell				How related to deceased	Brother in law	

CAUSES OF DEATH

93 ✓

PHYSICIAN
OR CORONER

Primary	Pleuro-Pneumonia	How long	5 days
Immediate	Macemia (chronic intestinal ^{with} with)	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Leroy Wright
		Address	Lanarville Md.
Accident or Suicide			

George Schilling & Sons

N. W. Cor. Asignith & Monument sts

Interment in Burzans Family Cemetery,
Ballair Road above Southern one Gardenville
March 8th 1910

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ekle* Town

County

*Balto*Date of death *1910*
*1-9-10*Month
*3*Day
*21*Age
*69*Months
*1*Days
4

Sex

*Male*Color or
Race*White*Birth-
place*Balto. Co. Md.*

Occupation

*Labourer*Where Residing if not
at place of death*---*Married, Single
or Widowed*Married*Name of Wife or
Husband*Sarah A. Freeland*Father's
Name*William Freeland*Father's
Birthplace*Balto. Co. Md.*Mother's
Maiden Name*Martha Mathews*Mother's
Birthplace*Balto. Co. Md.*Name of person giving
In formation*Mrs. Fannie Parrish*How related
to deceased*Neighbor*

CAUSES OF DEATH

74

Primary

Chronic Peripneumonia

How long

18 months

Immediate

Cardiac Failure

How long

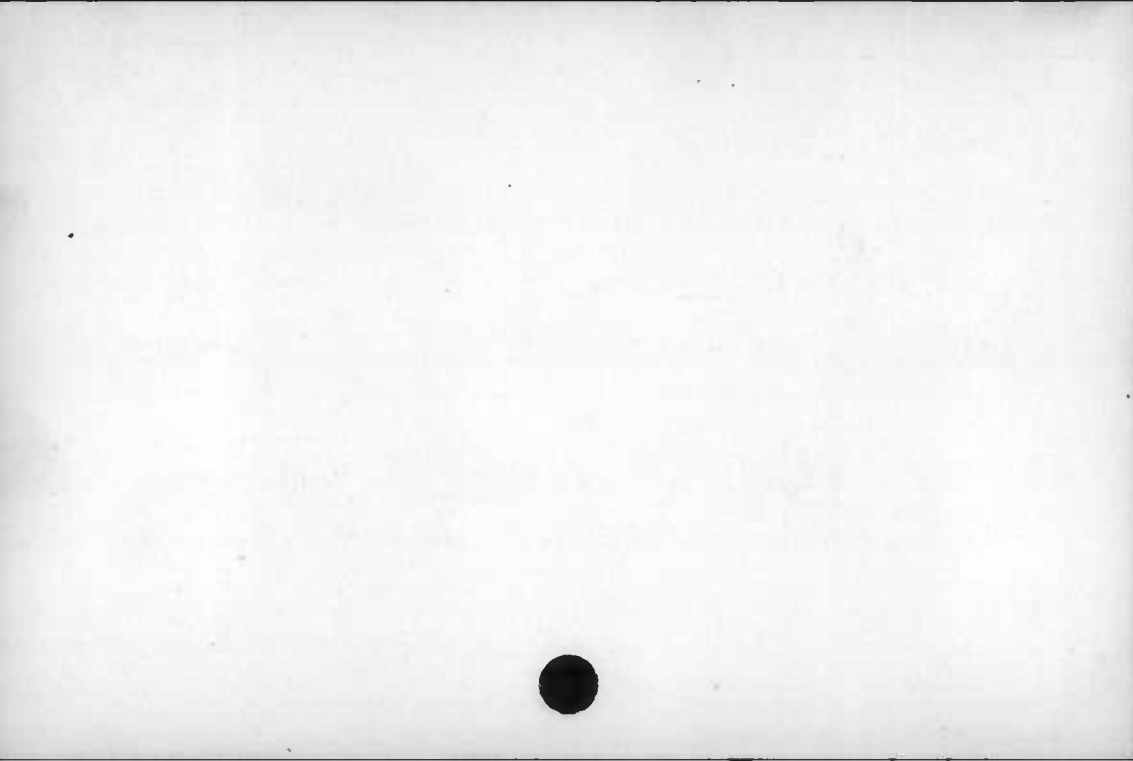
*48 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. W. Hays, M.D.*

Address

Pachon

Accident or Suicide?

MR. 7



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

French, Van Lear
Town leatonsville County Balto.

MARYLAND

Date

of death

1940 March

Day

3rd

Age

Years

62

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

C

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

unk

Father's
Birthplace

unk

Mother's
Maiden Name

unk

Mother's
Birthplace

unk

Name of person giving
Information

—

How related
to deceased

—

CAUSES OF DEATH

Primary

Terminal Dementia

How long

10 yrs

Immediate

Diabetic Coma

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Derey Wade
leatonsville, md

Accident or Suicide

No.

PHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

Further, Elizabeth C.
 Town Seatonsville County Bolton

MARYLAND

Died at Seatonsville Bolton
 Date of death 1940 March 18 18 50
 Month Day Years Months Days

Sex Female Color or Race white Birth-place Maryland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Samuel E. Further

Father's Name John Winter Father's Birthplace Ireland

Mother's Maiden Name Nora Cleary Mother's Birthplace Ireland

Name of person giving Information How related to deceased

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Organic Dementia 64 1 yr
 Immediate Cerebral Hemorrhage 4 days
 How long How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Henry Wadd
 Address Seatonsville, Md

Accident or Suicide No.

PHYSICIAN
OR CORONER

J. Ahrens & Co. 1607 Madison.
938 Linden Ave.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roseburg Town Balt County MARYLAND
 Date of death 1900 Month 3 Day 3 Age 1 Years 8 Months 28 Days
 Sex m. Color or Race W. Birth-place Balt. Md.
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Wm T. Geisler Jr Father's Birthplace Ind
 Mother's Maiden Name Harriet Simpson Mother's Birthplace Ind
 Name of person giving Information Wm T. Geisler Jr. How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions (of Intestinal origin?) How long 16 hours.
 Immediate Pulmonary Edema How long 2 1/2 hrs.
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. L. Wilkinson
 Address Roseburg
 Accident or Suicide neither

Greenmount
Cemetery

March 6, 1910,

Zirkler & Zirkler

1739 E. Eager

Name
in
Full

Charles Henry Bernroth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

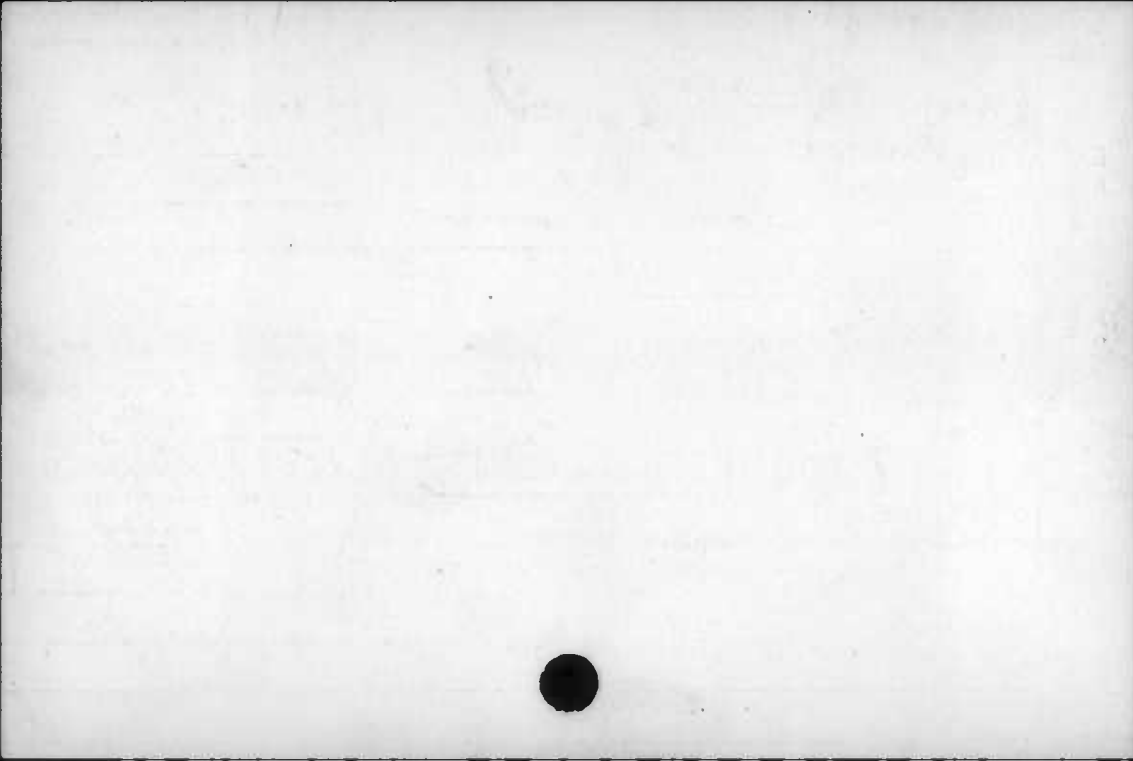
Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	Month <u>Mar.</u>	Day <u>15th</u>	Age <u> </u>	Months <u>4</u>	Days <u>17</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u> </u>			Where Residing if not at place of death <u>211 M. Bernroth</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Howard Bernroth</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Lessie May Bucharias</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mrs. Howard Bernroth</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <u>Cleft Palate - Operation</u>		How long <u>since birth</u>
Immediate <u>Broncho - Pneumonia</u>		How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Fred G. Crank</u>
		Address <u>St. Johns Hospital</u>
Accident or Suicide? <u>No</u>		<u>Baltimore</u>



Name
in
Full

Gertrude Giesin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balto</i>		MARYLAND	
Date of death 1900	Month <i>3</i>	Day <i>6</i>	Age <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co.</i>	Months <i>—</i> Days <i>14</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>3719 E. Pratt St</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>August Giesin</i>	Father's Birthplace <i>Germany</i>		
Mother's Melden Name <i>Gertrude Spillman</i>	Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>August Giesin</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

(151) ✓

PHYSICIAN
OR CORONER

Primary <i>Operative infant</i>	How long <i>14 days.</i>
Immediate <i>Improper Cordia Development</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W.E. McClouchan M.D.</i>
	Address <i>4619 S. Clinton St., Highlandtown, Md.</i>
Accident or Suicide <i>—</i>	

Oak Lawn Cemetery

Hernigson

8/7/10

Name
in
Full

Theodore Gorsuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Govanstown		Baltimore County		MARYLAND	
Date of death	19 10 Month 4th	Day 7	Age 72 Years	Months	Days
Sex Male	Color or Race white		Birth-place Maryland		
Occupation Painter	Where Residing if not at place of death at place of death				
Married Widowed	Name of Wife or Husband Georgia Sherwood Gorsuch				
Father's Name Peregrin Gorsuch	Father's Birthplace Maryland				
Mother's Maiden Name Anne Maria Henning	Mother's Birthplace Ireland				
Name of person giving information Mrs. Gallaspy	How related to deceased Daughter				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Informative of age	How long 2 years
Immediate	Heart weakness	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician E. M. Duncan
		Address Govanstown Md
Accident or Suicide? 9		

Albert E. Fuller

Baltimore Cemetery

Name
in
Full

Chas F Grabb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		Mar	8 th	82	6	23	
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation				Where Residing if not at place of death			
Farmer				—			
Married, Single or Widowed		Name of Wife or Husband					
Married		Margaret Grabb					
Father's Name		Father's Birthplace					
Christian Grabb		Germany					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Hoffman		Germany					
Name of person giving Information		How related to deceased					
Augusta Grabb		Daughter					

CAUSES OF DEATH

93

✓

PHYSICIAN
OR CORONER

Primary		How long	
Lobar Pneumonia		4 days	
Immediate		How long	
Respiratory Failure		Immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. C. Smith	
		Address	
		West-Forest-Park	
Accident or Suicide			
—			

Western Cemetery
March 7, 1910,

Girkler & Girkler

1737 E. Eager

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *George A. Guessford* Town *W. Arlington* County *Balto*

Died at *W. Arlington*

Date of death 1900 Month *March* Day *10* Age *28* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Wash. Co.*

Occupation *Carpenter* Where Residing if not at place of death *W. Arlington*

Married, Single or Widowed *Married* Name of Wife or Husband *Wife Annie Guessford*

Father's Name *Martin Guessford* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Guessford* Mother's Birthplace *Md.*

Name of person giving information *Annie Guessford* How related to deceased *Wife*

CAUSES OF DEATH

28

Primary *Pulmonary Tuberculosis* How long *9 years*

Immediate *Respiratory Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

William Cook
Undertaker

Funeral Sunday
March 12th 1910

Arlington
Cem

Name
in
Full

Helen Greenford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
West Annapolis		Baltimore					
Date of death		Month	Day	Age	Years	Months	Days
1960		March	4th			10	20
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Geo Greenford		Md					
Mother's Maiden Name		Mother's Birthplace					
Annie Brown		Md					
Name of person giving Information		How related to deceased					
Henry Brown		Grandfather					

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary	Tubercular Meningitis	How long	3 weeks
Immediate	Cerebral Anemia	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. C. Smith	
		Address	
		West Forest Park, Md.	
Accident or Suicide			

McKenzie

Name in Full		Mary Clare Hagan X				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND							
		Wash Cliff		Baltimore									
		Date of death	1900	Month	March	Day	2	Years	24	Months	5	Days	4
		Sex	female	Color or Race	white	Birth-place	Annapolis						
		Occupation	Teacher	Where Residing if not at place of death		Wash Cliff							
		Married, Single or Widowed	Single	Name of Wife or Husband									
		Father's Name	Amber Hagan				Father's Birthplace	Ireland					
		Mother's Maiden Name	Catherine Cusack.				Mother's Birthplace	Baltimore					
		Name of person giving information	J. S. Green				How related to deceased	Not at all					
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary	Pulmonary Tuberculosis				How long	one year					
		Immediate	Heart failure				How long	3 days					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John S. Green					
		Accident or Suicide?		No		Address		Stilings, Md.					

A. Tink & Son.
915 N. Gay St

Govenstown Private
Cemetery

I issued Burial Permit &
and this Certificate to
Dr J. F. H. Gorsuch
11th West

R. C. Massenburg
enclosed 50- transportation fee
Permit received
March 5 1910

J. F. H. Gorsuch
H. O. Balth Co -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near White Hall</i>		Town <i>Hamilton</i>		County <i>Boatwright</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>March</i>	Day <i>11</i>	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>	Where Residing if not at place of death			<i>none</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Charles Hamilton</i>	Father's Birthplace <i>Va</i>						
Mother's Maiden Name <i>Hattie Soovar</i>	Mother's Birthplace <i>md</i>						
Name of person giving information <i>Charles Hamilton</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>congenital malformation of head and spine bifida</i>	How long <i>still</i>
Immediate		How long <i>birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Millard Stirling</i>
		Address <i>Shaver</i>
Accident or Suicide?		<i>med.</i>



Name
in
Full

Annie M. Hammerbacher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton Town Balto. County

MARYLAND

Date of death 1940 Feb Month 13 Day Age 40 Years 9 Months — Days

Sex Female Color or Race White Birth-place Balto. Md.

Occupation Housewife Where Residing 3302 Hudson St.
at place of death

Married, Single or Widowed Married Name of Wife or Husband George E. Hammerbacher

Father's Name Christian Madel Father's Birthplace Germany

Mother's Maiden Name Catharine Kaiser Mother's Birthplace " "

Name of person giving Information George E. Hammerbacher How related to deceased Husband

CAUSES OF DEATH

Primary Nephritis - cardiac complications

Immediate Exhaustion

120

How long

Six months

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

y.m.

Signature of Physician

Address

Herbert Schwepisch, M.D.
1013 Canton St.

Accident or Suicide

PHYSICIAN
OR CORONER

Lilly and Geiler

Dec 15th 1910

Oak Lawn

Cemetery

Name
in
Full

Addie Elisabeth Hars

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

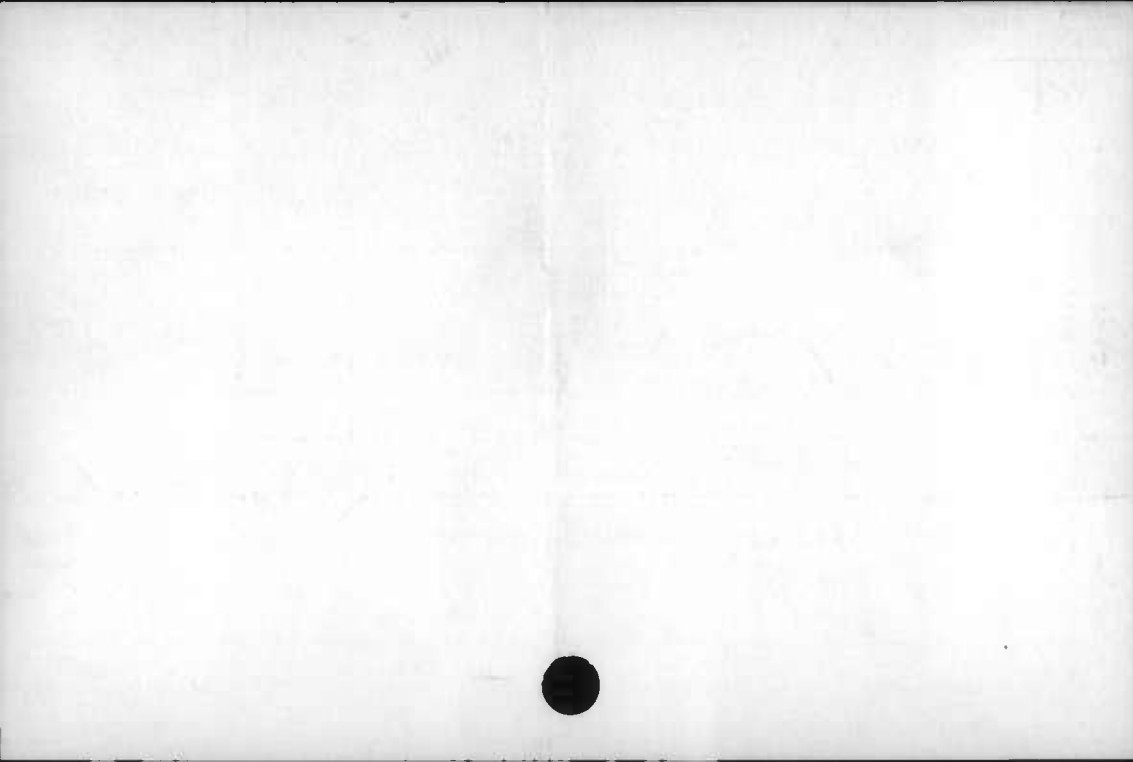
Died at <i>near Belknapville</i>		Town <i>Belknapville</i>		County <i>Ballo</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>3</i>	Day <i>5</i>	Age <i>2</i>	Years <i>2</i>	Months <i>4</i>	Days <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Belknapville</i>			
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name <i>Augustus Hars</i>				Father's Birthplace <i>Belknapville Ind</i>			
Mother's Maiden Name <i>Lucia E. Hars</i>				Mother's Birthplace <i>Forreston Ind</i>			
Name of person giving information <i>Augustus Hars</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia + Liver + Stomach Trouble</i>	How long	<i>4 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. S. M. Beach</i>	
		Address <i>Hampsstead</i>	
Accident or Suicide?		<i>Ind 6</i>	



Name
in
Full

Mary E Harrigan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope Retreat ^{County} Baltimore

^{Date} of death 1980 ^{Month} March ^{Day} 28th ^{Years} Age 50 ^{Months} Not Known ^{Days} Not Known

Sex Female ^{Color or Race} White ^{Birth-place} Baltimore Md

Occupation none ^{Where Residing if not at place of death} Baltimore Md

Married, Single or Widowed

Name of Wife or Husband

Not Known

Father's Name

Not Known

Father's Birthplace

Not Known

Mother's Maiden Name

"

"

Mother's Birthplace

"

"

Name of person giving Information

Reeds Mt Hope Retreat

How related to deceased

Not at all

CAUSES OF DEATH

Primary

Melancholia

How long

3 or 4 mos

Immediate

Ex. Gastritis -

How long

Two wks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

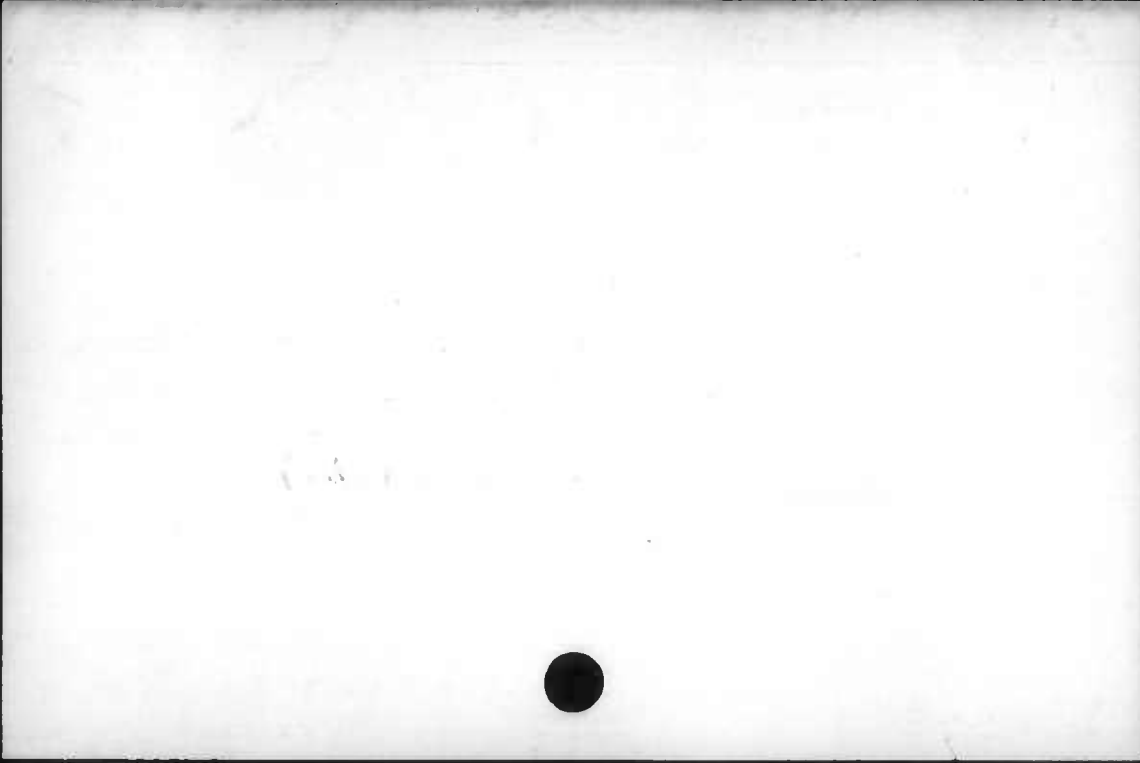
Frank J. Flannery

Address

Mt Hope Retreat

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Harry Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

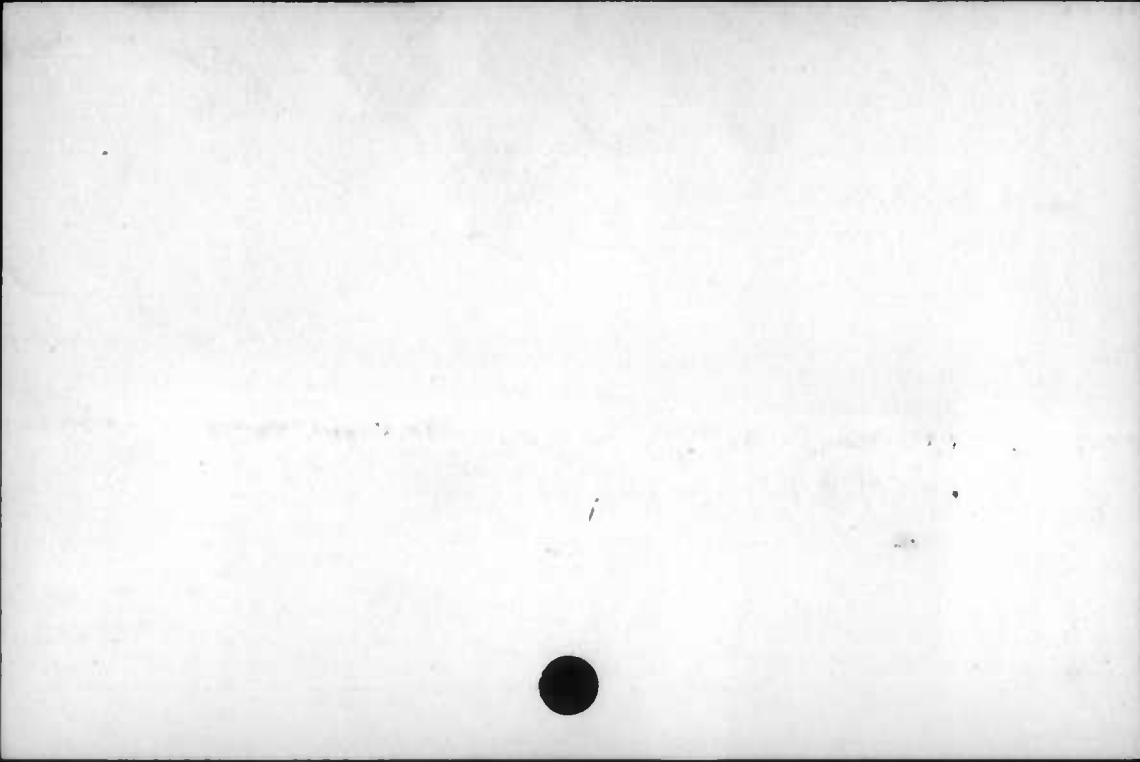
Died at <i>St-George</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 19 <i>10</i>	<i>8</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>68</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Co md</i>		
Married, Single or Widowed			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Florance Harris</i>					
Father's Name <i>Richard Harris</i>			Father's Birthplace <i>Carroll Co md</i>		
Mother's Maiden Name <i>Sarah Louble</i>			Mother's Birthplace <i>Bal Co md</i>		
Name of person giving information <i>Richard Harris</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>one year</i>
Immediate <i>Hemorrhage over exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin D. Erb M.D.</i>
	Address <i>Reisterstown</i>
Accident or Suicide? <i></i>	



Name
in
Full

Anna. C. Henning

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heath Brooks</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1940</i>	Month <i>Mar</i>	Day <i>17</i>	Age <i>33</i>	Months <i>8</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto City</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Heath Brook</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Herman Henning</i>				
Father's Name <i>Herman Ralphe</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Calhoun Davis</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Antoni Ralphe</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>about 1 year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo J. Young</i>
	Address <i>1735 W. Broadway</i>
Accident or Suicide?	

Holly Redeemer Cemetery

Mar. 19-1910-

A. S. Marshall
3539 Fall Road

Dr. Young
1735 N. 13th
Tulsa, Okla.

Name
in
Full

Williams - A. Hicks

CERTIFICATE OF DEATH

Town

County

Died at

Worthingtonville

Batto

MARYLAND

Date

of death 1910

Month

Mar

Day

30

Years

16

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Batto co Md

Occupation

Day Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles H Hicks

Father's
Birthplace

Batto co Md

Mother's
Maiden Name

Sydell Hare

Mother's
Birthplace

Batto co Md

Name of person giving
information

Chas H Hicks

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis of Bladder.

How long

1 year

Immediate

General Tubercular ^{weakness} affections

How long

3 m

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. R. Price

Address

Blyden

Mia

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Baptist Forest Chapel

Name
In
Full

James W. Hind

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *4917 Eastern Ave Wt.* Town *Balti* County
Date of death *1960* Month *March* Day *21* Age *66* Years Months Days
Sex *Male* Color or Race *White* Birth-place *England*
Occupation *Soldier* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Martha Hind*
Father's Name *James Hind* Father's Birthplace *England*
Mother's Maiden Name *Not known* Mother's Birthplace *England*
Name of person giving Information *Elisabeth Stroebel* How related to deceased *Friend*

CAUSES OF DEATH

Primary *Paralysis* How long *2 yrs*
Immediate *Hypostatic Pneumonia, exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. G. Scheurich M.D.

Address

*Bay View Hospital
Baltimore Md.*Accident or Suicide *—*PHYSICIAN
OR CORONER

J Herwig & Son

3/23/10

2008 Orleans St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Hobbs

Town

County

Died at

Catonsville

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1940 March

25

Age

51

x

x

Sex

Female

Color or
Racewhite
americanBirth-
place

Maryland

Occupation

Seine-maker

Where Residing if not
at place of deathMaryland Hospital
for Insane,Married, Single
or Widowed

Single

Name of Wife or
Husband

Single

Father's
Name

John Hobbs -

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Hospital Records

How related
to deceased

Hospital records

Given by uncle

CAUSES OF DEATH

Primary

Paralysis (Spinal)

How long

3 days

Immediate

Acute Bronchitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

J. Percy Wade
Md. Hospital for Insane
Catonsville Md

Accident or Suicide

No.

PHYSICIAN
OR CORONER

A

William Cook.
Baltimore.

Name
in
Full

Randolph Holtz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Goravustown* ^{County} *Baltimore* MARYLAND

Date of death | ^{Year} *1900* | ^{Month} *March* | ^{Day} *30th* | ^{Age} *74* | ^{Years} | ^{Months} *8* | ^{Days} *26*

Sex *Male* | Color or Race *White* | Birth-place *Germany*

Occupation *Retired* | Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* | Name of Wife or Husband *Catherine Holtz*

Father's Name *Frederick Holtz* | Father's Birthplace *Germany*

Mother's Maiden Name *Louise Klein* | Mother's Birthplace *Germany*

Name of person giving information *Mary Holtz* | How related to deceased *Daughter*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *La Grippe* | How long *4 weeks*

Immediate *Heart Disease* | How long *Sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes* | Signature of Physician *E. H. Deaneau*

Address *Goravustown Md*

~~Accident or Suicide?~~

George Schilling & Sons

Aspinth & Monument sts

Balto Md

Interment at St Marys Cemetery

Severstown

April 1st 1910

Name
in
Full

Margaret E. Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} White House ^{County} BaltoDate of death 1900 ^{Month} March ^{Day} 26 ^{Years} Age 84 ^{Months} 11 ^{Days} 17Sex Female ^{Color or Race} White ^{Birth-place} Balto CoOccupation Housewife ^{Where Residing if not at place of death} —^{Married, Single or Widowed} ~~Single~~ Widow ^{Name of ~~Wife or~~ Husband} Peter Hoover^{Father's Name} Jacob. Guinn ^{Father's Birthplace} Unknown^{Mother's Maiden Name} Unknown ^{Mother's Birthplace} Unknown^{Name of person giving Information} Mrs Daniel Hoover ^{How related to deceased} Daughter

CAUSES OF DEATH

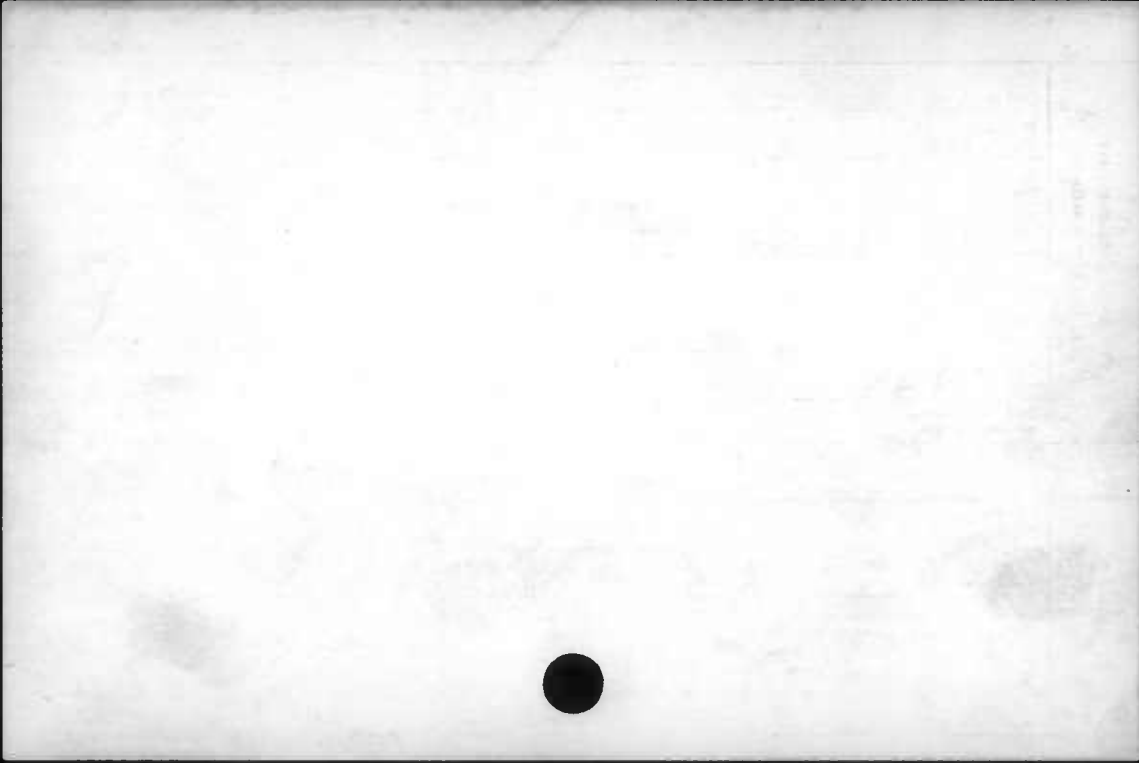
^{Primary} Pneumonia ^{How long} 93 ✓ 8 days^{Immediate} General debility ^{How long} 6 hoursAre the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. J. Prestis
J. J. Prestis
J. J. Prestis

Accident or Suicide



Name
in
Full

Randolph. Howard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>March</i>	Day <i>9</i>	Age <i>7 mos</i> ^{Years}	Months <i>in utero</i>	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Catonville</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Catonville</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Chas Howard.</i>			Father's Birthplace <i>Howard Co</i>		
Mother's Maiden Name <i>Surie King.</i>			Mother's Birthplace <i>va</i>		
Name of person giving information <i>Chas Howard.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>7 mos in utero</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Marshall B. West.</i>
		Address <i>Catonville Md.</i>
Accident or Suicide?		

Mrs C Prister
Odd Fellows
Cemetery.

Name
in
Full

Simon Huchberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Govan Town Baltimore County MD **MARYLAND**

Date of death 1960 Month March Day 15 Age 39 Years Months — Days —

Sex Male Color or Race White Birth-place Germany

Occupation none Where Residing if not at place of death 714 Denosc St. Baltimore

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name not known Father's Birthplace not known

Mother's Maiden Name not known Mother's Birthplace not known

Name of person giving Information Mrs DK Carter How related to deceased none

CAUSES OF DEATH

68

V

PHYSICIAN
OR CORONER

Primary General Exhaustion (Terminal Scurvy) How long 2 years

Immediate Cardiac Inanition How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Walter S. Barwell MD

Address 2725 Baltimore

Accident or Suicide none

J. Ahrens & Co
1607 Madison Ave.

Balt. Hebrew
Belair Rd.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Huke, Elizabeth*

Town *Leatonville* County *Baltimore*

Died at *Leatonville* *Baltimore*

MARYLAND

Date of death 19*40* Month *March* Day *27* Age *42* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Dressmaker* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *unk* Father's Birthplace *unk*

Mother's Maiden Name *unk* Mother's Birthplace *unk*

Name of person giving Information *—* How related to deceased *—*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Terminal Dementia* *89* How long *10 yrs*

Immediate *Acute Bronchitis* *99* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

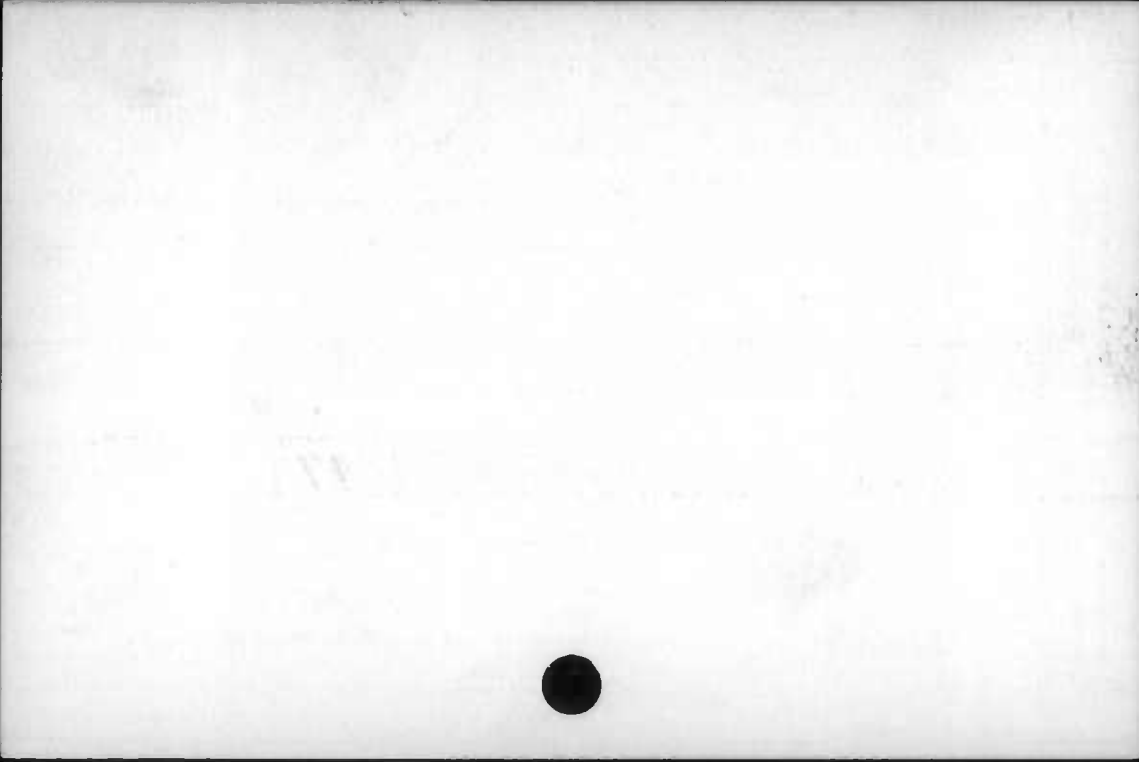
Signature of Physician *Percy Wade*

Address *Leatonville, Md*

Accident or Suicide *NO*

W. W. Shivers,
Barto Cemetery.

Name in Full Joshua C Jackson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Bosedale Town		Bach County
	Date of death 1940 Month Mar Day 26		Age 44 Years Months Days
	Sex male	Color or Race colored	Birth-place Va
	Occupation Laborer	Where Residing if not at place of death Bosedale	
	Married, Single or Widowed married	Name of Wife or Husband Laura Jackson	
	Father's Name John Jackson	Father's Birthplace Va	
	Mother's Maiden Name Arianna Jackson	Mother's Birthplace Va	
Name of person giving information Laura Jackson		How related to deceased wife	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	mitral disease of heart	
	Immediate	heart	
	Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	Wm D. Core	
Address		Gardenville	
Accident or Suicide?		Balt G m	



Name
In
Full

Gini's Jacobs

CERTIFICATE OF DEATH

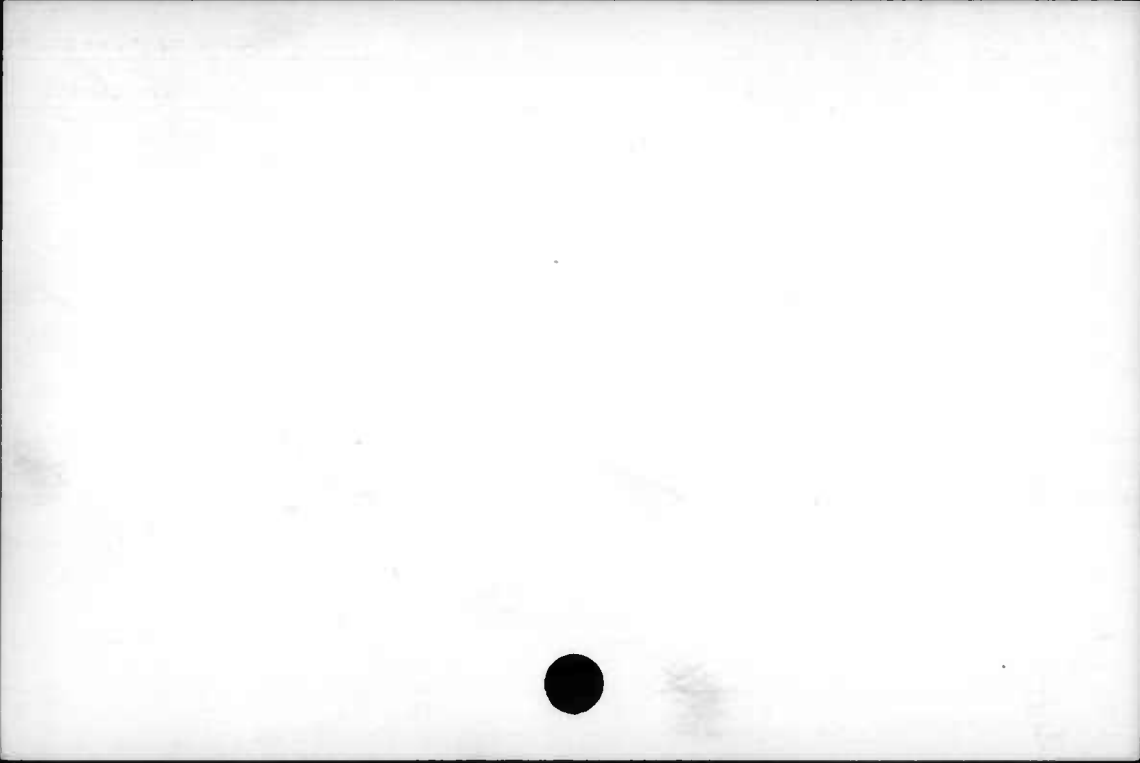
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reisterstown</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1990</u>	<u>March</u> ^{Month}	<u>14</u> ^{Day}	Age <u>28</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>M.</u>	Color or Race <u>W</u>		Birth-place <u>Balto.</u>		
Occupation <u>Clerk</u>	Where Residing if not at place of death <u>1807 N. Monroe St. Balto Md.</u>				
Married, <u>Single</u> or Widowed	Name of Wife or Husband <u>unknown</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving Information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis & nothing</u>	<u>29</u> ^{How long}
Immediate <u>Heart failure</u>	<u>—</u> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joseph Ed. Becker</u>
	Address <u>1216 Madison Ave. Balto City</u>
Accident or Suicide	



Name
in
Full

Andrew. D. Johnson

CERTIFICATE OF DEATH

Died at Towson Town Baltimore County MARYLAND

Date of death 1990 Month March Day 29 Age 19 Years 6 Months 21 Days

Sex Male Color or Race white Birth-place Md.

Occupation Farmer Where Residing if not at place of death Knobel Balt. Co.

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Chas. B. Johnson Father's Birthplace Balt. City

Mother's Maiden Name Susan A. Clayton Mother's Birthplace Balt. Co.

Name of person giving Information Chas. B. Johnson How related to deceased Father

CAUSES OF DEATH

Primary Neck crushed by stone wagon How long immediately

passing over it while loaded How long immediately
with stone.

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician R. G. Massenburg
Address _____

Accident or Suicide Accident Joseph H. Shanklin, P. acting Coroner

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Burns' Sons.

Interment at
Wilson M. E. Cemetery
Long Green

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Johnson
Town

County

MARYLAND

Died at *Catoxville*

Baltimore

Date

of death

1900

Month

March

Day

11

Years

Age

36

Months

Days

Sex

M

Color or
Race

Colored

Birth-
place

Baltimore

Occupation

Barber

Where Residing if not
at place of death

*801 Front St. City
on visit to place of death*

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Johnson

Father's
Birthplace

Hanford Co

Mother's
Maiden Name

Ellen Brown

Mother's
Birthplace

Phila, Pa

Name of person giving
Information

Mrs Ellen Smith

How related
to deceased

mother

CAUSES OF DEATH

27

Primary

Pneumonia Tuberculosis

How long

short duration

Immediate

Pneumonia (Hypertensive)

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*Alfred J. Murray M.D.
Catoxville Md*

Accident or Suicide

No

PHYSICIAN
OR CORONER

H

E M Mitchell

No 12 E Hamilton st

12871 - 12875

Name
in
Full

Elmer B. Joyce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Butler ^{Town} Baltimore ^{County} MARYLAND

Date of death 1900 ^{Month} 3 ^{Day} 3 ^{Age} Years Months 4 Days 9

Sex Male Color or Race White Birth-place Butler Md

Occupation _____ Where Residing if not at place of death _____

Married, Single _____ or Widowed _____ Name of Wife or Husband _____

Father's Name Franklin Joyce Father's Birthplace Shawan Md.

Mother's Maiden Name Bertha Alberta Fowble Mother's Birthplace York. Md.

Name of person giving information Franklin Joyce How related to deceased Father

CAUSES OF DEATH

Primary Enteric Colitis How long 4 weeks

Immediate Exhaustion from Convulsions How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of
Physician

Address

W. A. Vach Ma
Cockeysville Md

Accident or Suicide?

Funeral at Black
Bark Church Saturday
March 5th

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Mans</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death 19 <i>00</i> <small>Month</small> <i>Feb</i> <small>Day</small> <i>22</i>		Age <i>—</i> <small>Years</small>		<i>—</i> <small>Months</small> <i>—</i> <small>Days</small>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Mt Mans Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Mr Kelley</i>		Father's Birthplace <i>Balto Md</i>			
Mother's Maiden Name <i>Annie B Staerner</i>		Mother's Birthplace <i>Balto Md</i>			
Name of person giving Information <i>Mr Kelley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>8 Mos</i>
Immediate	<i>Still Birth</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo S M Kieffer</i>	
		Address <i>Morell Park</i>	
		<i>Balto Co Md</i>	
Accident or Suicide			

Jos. B. Cook
London Park.
Cambridge.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bridgeport Francis Valley,</i>		Town <i>Bridgeport</i>		County <i>Baileys</i>		MAYLAND	
Date of death <i>1900</i>	Month <i>March</i>	Day <i>1st</i>	Age <i>95</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>					
Occupation <i>House</i>		Where Residing if not at place of death <i>At above</i>					
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>Not any</i>					
Father's Name <i>Edward Kelly</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Mary Roahs</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mary Migan</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>1 year</i>
Immediate <i>Syncope</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Dickson</i>
	Address <i>3153 N. North Ave. City</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Kelly, Rebecca* Town *Seatonsville* County *Baltimore*

Died at *Seatonsville* Maryland

Date of death 19*80* Month *March* Day *22* Age *60* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Penna*

Occupation *Housewife* Where Residing if not at place of death *X*

Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *William Kelly*

Father's Name *unk* Father's Birthplace *unk*

Mother's Maiden Name *unk* Mother's Birthplace *unk*

Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Paranoma* How long *12 yrs*

Immediate *leucine Hemorrhage* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Derek Wade*

Address *Seatonsville, Md*

Accident or Suicide *No*



Name
in
Full

Daniel B. Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Hope Rm 204		County Baltimore		MARYLAND	
Date of death		Month 1990	Day 8th	Age	Years 67	Months unknown	Days unknown
Sex		Male		Color or Race		White	
Occupation		Clergyman		Birth-place		Boston Mass	
Where Residing if not at place of death		Boston Mass					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Not Known				Father's Birthplace	
Mother's Maiden Name		Not Known				Mother's Birthplace	
Name of person giving Information		Red Mt Hope				How related to deceased	
						Not at all	

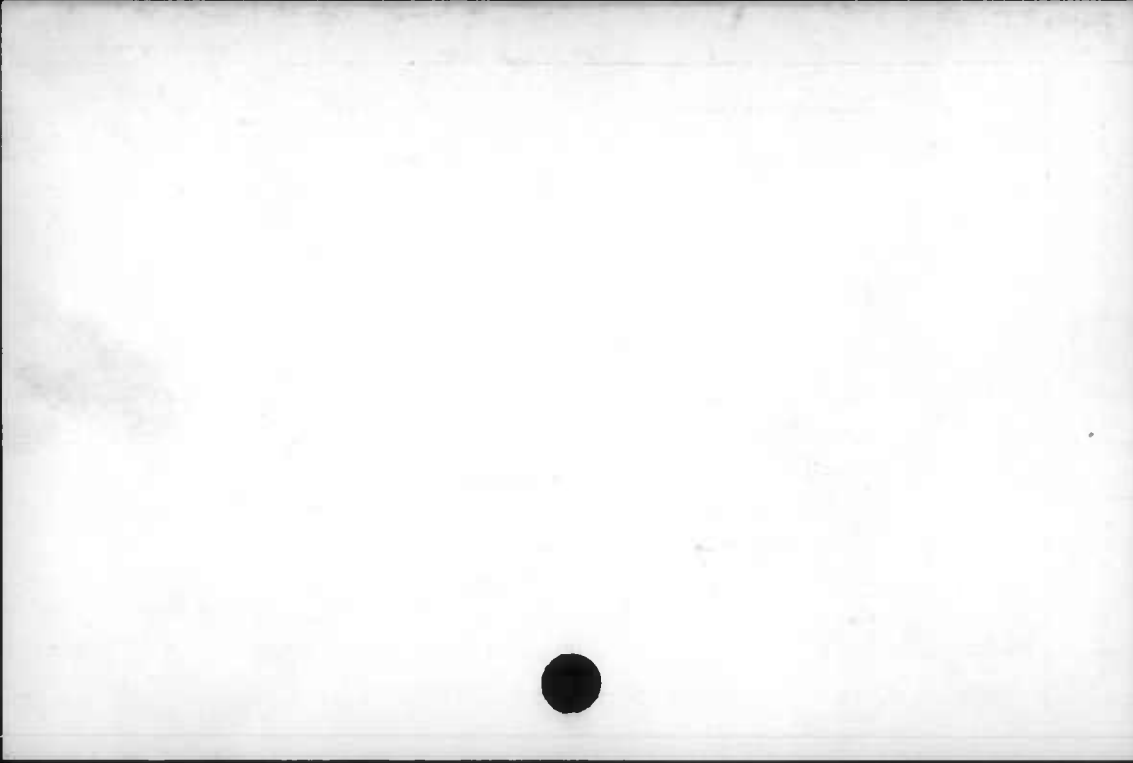
CAUSES OF DEATH

79

✓

PHYSICIAN
OR CORONER

Primary		Mania Simplex		How long		abt 12 yrs	
Immediate		Suddenly - Cardiac Paralysis		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Frank J. Flannery	
				Address		Mt Hope Rm 204 Baltimore Md.	
Accident		Suicide					



Name
in
Full✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Jacob Kestner
Town *Highlandtown* County *Wald* MARYLAND
Died at
Date of death 19*44* Month *Mch.* Day *10* Age *—* Years *—* Months *—* Days *—*
Sex *Male* Color or Race *white* Birthplace *807 First St.*
Occupation *none* Where Residing if not at place of death *—*
Married, Single or Widowed *none* Name of Wife or Husband *none*
Father's Name *Jacob Kestner* Father's Birthplace *MD.*
Mother's Maiden Name *Jennie Barvin* Mother's Birthplace *England*
Name of person giving Information *Jacob Kestner* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *—*
Immediate *Due to prolapsed ~~umbilical~~ foot presentation* How long *—*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. A. Slautsky*
Address *3144 Eastern Ave*
Accident or Suicide

Balt Funeral Co.

Int. Casual Cmn.

Name
in
Full

Mary D. Kidd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		996 Fall Road		Baltimore		Maryland	
Date of death	1910	Month	mar	Day	9	Age	79
Sex	Female	Color or Race	white	Birth-place	Baltimore, Md.	Months	18
Occupation	Invalid		Where Residing at place of death		996 Fall Road		
Married, Single or Widowed	Widow		Name of Wife or Husband		John Kidd		
Father's Name	Douling				Father's Birthplace		
Mother's Maiden Name	Unknown				Mother's Birthplace		
Name of person giving information	Mr. Charles Kidd				How related to deceased		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	General Debility	How long	Two years.
Immediate	Pneumonia (Capillary)	How long	Four days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. H. H. H. H.
		Address	3849 Roland St. Baltimore
Accident or Suicide?			

Balto Cemetery Mar 13/10
A. S. Marshall

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDHarry E Skimble
Town *Orangetown* County *Balto*

MARYLAND

Died at

Date

of death

1960

Month *March*Day *17*Age *3*

Years

Months *5*Days *22*

Sex

*Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*House*Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~*Single*Name of Wife or
HusbandFather's
Name*Heran Skimble*Father's
Birthplace*Ind*Mother's
Maiden Name*Ann Marg*Mother's
Birthplace*Ind*Name of person giving
Information*Mary C. Hester*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Pneumonia

How long

5 Weeks

Immediate

Pulmonary

How long

*8 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. S. Sudler M.D.
3323 G. Balto St
144 Highland Park*PHYSICIAN
OR CORONER

Accident or Suicide

Robt J Turner
Undertaker

Int Carmel
Cemetery

Name
in
Full

Elizabeth Ann Kirkwood

CERTIFICATE OF DEATH

Died at ^{Town} *Shanes*^{County} *Baltimore*

MARYLAND

Date of death ^{Month} *1940 March*^{Day} *19*Age ^{Years} *75*^{Months} *11*^{Days} *5*Sex *Female*Color or Race *White*Birth-place *Maryland*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of ~~Wife~~ Husband *Joseph Kirkwood*Father's Name *John Stritehoff*Father's Birthplace *MD*Mother's Maiden Name *Sarah B. Deavers*Mother's Birthplace *MD*Name of person giving information *Etta Kirkwood*How related to deceased *Daughter*

CAUSES OF DEATH

Primary

Senility

How long

Two years

Immediate

Cardiac dilatation

How long

one day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. Millard Oshing

Address

Shanes

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER*H*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary E. Laughlin

Town

County

MARYLAND

Died at Wilhelm Pass Balto

Date

of death

1940 Mar

Month

Day

Age

Years

11

Month

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Wilhelm Pass

Married, Single
or Widowed

Widow

Name of Wife
or Husband

Jonathan Laughlin

Father's
Name

Richard King

Father's
Birthplace

Md

Mother's
Maiden Name

Emily Clark

Mother's
Birthplace

Md

Name of person giving
Information

Jefferson Laughlin

How related
to deceased

Son

CAUSES OF DEATH

Primary

Organic Heart.
Exhaustion

How long

About 10 yrs.

How long

24 hrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. Herbert Reed M.D.
432 N. Eutam St.PHYSICIAN
OR CORONER

Accident or Suicide

LV. Kerech

832 N Entawer IV

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Edward D. Light his r* Town *Corrigan* County *Balto*
 Died at *Corrigan* Month *March* Day *31* Age *26* Years *8* Months *11* Days
 Date of death *1940*
 Sex *Female* Color or Race *White* Birth-place *Baltimore*
 Occupation *None* Where Residing if not at place of death *maple ave. Belair*
 Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *Chas H Light his r* Father's Birthplace *7th*
 Mother's Maiden Name *Catherine - Ehleud* Mother's Birthplace *Baltimore*
 Name of person giving Information *Ed Light his r* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis (Pulmonary)* How long *about 5 yrs.*
 Immediate *"* How long *"*
"

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

John Hood, M.D.
630 N. Gilman St.
Baltimore

Accident or Suicide

July 20 - 1883 - 26 - 8

Mr. Tinkner of
London Pa

Wm



Name
in
Full

Sophia E. Lowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gorans</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1910</i>	Month <i>Mar</i>	Day <i>9</i>	Age <i>3</i> Years	Months	Days <i>Hour</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Gorans Md</i>		
Occupation	Where Residing if not at place of death <i>32 Menwood av</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Wm L. Lowe</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Edna E. Grant</i>	Mother's Birthplace <i>Balto Md</i>				
Name of person giving information <i>Wm L. Lowe</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Labor.</i>	How long	<i>6-7 mo</i>
Immediate	<i>" "</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H C Hossfeld</i>
		Address	<i>Gorans Md</i>
Accident or Suicide?	<i>neither</i>		

Interment in Baltimore
Cemetery.

Wed 12/9/10

Yours Cook

505 E. North St.

—

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry William Lutz
 Died at *Belgravie* Town *Casperburg* County *Balto Co*

MARYLAND

Date of death *1940* Month *Mar* Day *20th* Age *22* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *Clerk.* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *William Lutz* Father's Birthplace *Baltimore*

Mother's Maiden Name *Mary Mary* Mother's Birthplace *Germany*

Name of person giving information *Henry Lutz* How related to deceased *Uncle*

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary *Suicide Shot himself with* How long

Immediate *pistol* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of ~~Physician~~ *Coroner J. Herman Schone*
 Address *Gardenville Md.*

Accident or Suicide?

Please give me a permit to move
Remains of Harry Lutz to

Baltimore City

Name in Full		Robert Charles ^B Lutz				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Groom Lane Town		Baltimore County		MARYLAND		
	Date of death	1940	March	1	Age	X	Months X Days 5	
	Sex	male		Color or Race	W. Int		Birth-place	Balti. Co. Md
	Occupation	X		Where Residing if not at place of death		Home		
	Married, Single or Widowed	X		Name of Wife or Husband		X		
	Father's Name	Robert Elijah Lutz				Father's Birthplace	Balti. Co. Md	
	Mother's Maiden Name	Margaret Lillian Swern				Mother's Birthplace	Balti. Co. Md	
Name of person giving information	Margaret Swern				How related to deceased	Mother		
<div style="display: flex; justify-content: space-between;"> <div> <p>CAUSES OF DEATH</p> <p>Primary: <i>Suppuration of cereb.</i></p> <p>Immediate: <i>Blood poisoning</i></p> <p>Are the name, age, sex, color, date and place correctly given above?</p> <p>Accident or Suicide?</p> </div> <div> <p>702</p> <p>no</p> </div> <div> <p>152</p> <p>How long: 2 days</p> <p>How long: 1 day</p> </div> </div>								
PHYSICIAN OR CORONER	Signature of Physician				Dr. J. E. Benson			
	Address				Cockeysville Md			

John Burns Sons
Towson

Grace Cemetery
Chestnut
Ridge

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Dist. Washington* Town*Baltimore* CountyDate of death *1900* Month *March* Day *20*Age *Still Birth* Years Months DaysSex *Female*Color or Race *C.*Birth-place *Dist. Washington*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HuabandFather's Name *David Salloit Lynn*Father's Birthplace *Balt. Co. Md.*Mother's Maiden Name *Pearl Richardson*Mother's Birthplace *Amelia Co. Va -*Name of person giving
Information *David Lynn -*How related
to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Breech presentation*How long *unknown*Immediate *Blood supply cut off by pressure of cranium*How long *unknown or ?*Are the name, age, sex, color, date
and place correctly given above? *Yes.*Signature of Physician *Dr. Josiah S. Bowen*Address *Dist. Washington.*

Accident or Suicide

St-Zion Church
Long Green Valley

Name
in
Full

Edward Mc Carley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Relay Town Baltimore County MARYLAND

Date of death 1960 Month 3 Day 5 Age 48 Years Months Days

Sex Male Color or Race white Birth-place Elkridge

Occupation Labourer Where Residing if not at place of death St Denis

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Marshall Father's Birthplace unknown

Mother's Maiden Name Eliza Newsham Mother's Birthplace unknown

Name of person giving Information Frederick Lill How related to deceased none

CAUSES OF DEATH

Hab

195

PHYSICIAN
OR CORONER

Primary Struck by Train B&O dead when found

Immediate Struck by Train B&O dead when found

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Coroner Robert E Clarke

Address St Denis Md

Accident or Suicide Accident

Cowan & Gill
Melville Cemetery

Name
in
Full

Miss Mary Mc Crone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halithorpe</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>March</i>	Dsy <i>6</i>	Age <i>73</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co. Md</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Baltimore, Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>John Mc Crone</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Sarah Fox</i>		Mother's Birthplace <i>Ellicott City, Md.</i>			
Name of person giving Information <i>John R. Mc Crone</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grip</i>	How long <i>1 week</i>
Immediate <i>Lobar pneumonia (bilateral)</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Eek Ridge, Md.</i>
Accident or Suicide <input checked="" type="checkbox"/>	

James R Wear.

Greenmount

Burying

Name
in Full

Thos P. McKay

CERTIFICATE OF DEATH

Died at ^{Town} *West Port* ^{County} *Balto* **MARYLAND**

Date of death 19*40* ^{Month} *3* ^{Day} *10* Age ^{Years} *14* ^{Months} *6* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband

Father's Name *John Mc Kay* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Liche* Mother's Birthplace *Ind*

Name of person giving Information *John Mc Kay* How related to deceased *father*

CAUSES OF DEATH

Primary *cold* *congestion of lungs* *convulsions* How long *12 hours*
Immadiate *2 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

262 Hall
West Warrons

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Dignam

~~Bona~~

New Cathedral

Name
in
Full

Marie Machen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pouersm Town Baltimore County MARYLAND

Date of death 1900 Month 3 Day 9 Age 26 Years Months 9 Days 11

Sex Female Color or Race White Birth-place Maryland

Occupation Stenographer Where Residing if not at place of death St. E. P. Hospital

Married, Single or Widowed single Name of Wife or Husband Charles Q. Machen

Father's Name Dominick H. M. May Father's Birthplace Ind.

Mother's Maiden Name Mary Va. Liddy Mother's Birthplace Ind.

Name of person giving Information W. P. Duntou, Jr How related to deceased none

CAUSES OF DEATH

Primary Influenza How long 10 days

Immediate Cardiac asthenia How long immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. P. Duntou, Jr
S. E. P. Hospital

Accident or Suicide

no

John J. Finanne Coroner

PHYSICIAN
OR CORONERH

Cathedral Cemetery

F. A. Krause & Bro
Undertakers

Name
in
Full

Edward Walter Magruder

CERTIFICATE OF DEATH

MARYLAND

Died at Valley View Park Baltimore

Date of death 1910 March 12 Age 37 Months 3 Days 7

Sex Male Color or Race White Birth-place Annapolis Co Maryland

Married, Single or Widowed Married Occupation Insurance Inspector

Name of Wife or Husband Amelia Magruder

Father's Name Edward W. Magruder

Father's Birthplace Annapolis Co Md.

Mother's Maiden Name Eliza Magruder

Mother's Birthplace Annapolis Co Md.

Name of person giving information Amelia Magruder

How related to deceased Wife

CAUSES OF DEATH

27

✓

Primary Tuberculosis Pulmonalis

How long About 7 months

Immediate Exhaustion & Emaciation

How long Two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician R.P. Carman Md

Address

1701 N Carolina St
Baltimore Md

Accident or Suicide? Neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Funeral March 14th 1910
Interment London Park Cem
William Cook
Undertaker
502 E North Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Michael Manion

MARYLAND

Died at *St. Agnes' Hospital*

Town

Baltimore

County

Date
of death *1900*Month
*Mar.*Day
10th

Age

Years
79

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Ireland*

Occupation

*Labour*Where Residing if not
at place of death*908 - Clifford St.*Married, Single
or Widowed*Wid.*Name of Wife or
Husband*Unknown*Father's
Name*Unknown*Father's
Birthplace*"*Mother's
Maiden Name*"*Mother's
Birthplace*"*Name of person giving
information*Michael J. Manion*How related
to deceased*Son*

CAUSES OF DEATH

*99*PHYSICIAN
OR CORONER

Primary

Arterio Sclerosis; Emphysema

How long

1 yr +

Immediate

Pulmonary Edema

How long

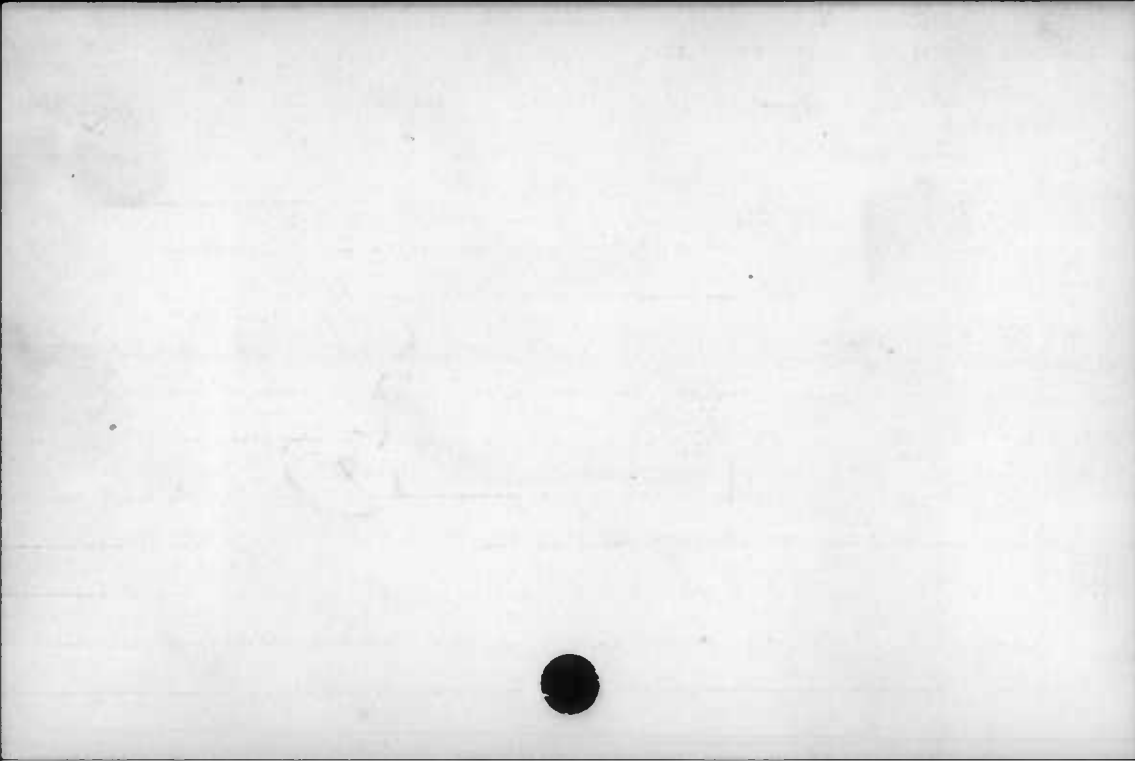
*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Allen Graham M.D.*

Address

St. Agnes Hospital.

Accident or Suicide?

No



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Abell James. Matthews.

CERTIFICATE OF DEATH

Town *Catonville* County *Balto* MARYLAND

Died at *Catonville*

Date of death 19*40* Month *March* Day *5* Age *28* Years Months Days

Sex *Male* Color or Race *Colored.* Birth-place *Balto Co*

Occupation *waiter (Private)* Where Reiding if not et place of death *Balto Co*

Married, Single or Widowed *Married.* Name of Wife or Husband *Mabel E Matthews*

Father's Name *Chas W. Matthews,* Fether's Birthplace *Balto Co*

Mother's Maiden Name *Annie Maria Bowen* Mother's Birthplace *Balto Co*

Name of person giving Information *Mabel E Matthews* How related to deceased *wife*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

16 mos

Immediate

Asthma.

How long

2 mos

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Marshall B. West.
Address *Catonville Md.*Accident or Suicide

John A Bishop
Old Fellow Cemetery

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Woodlawn</i> <small>Town</small>		County <i>Balto</i>	
		Date of death <i>1900</i> <small>Month</small> <i>March</i> <small>Day</small> <i>31st</i>		Age <i>43</i> <small>Years</small> <i>2</i> <small>Months</small> <i>6</i> <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Farmer</i>		Birth-place <i>Germany</i>	
		Where Residing if not at place of death			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ernestine Melly</i>	
		Father's Name <i>Adam Melly</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Part known</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Frank Melly</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Paraschymatous hepatitis</i>		How long <i>6 mo</i>	
		Immediate <i>Hemiplegia</i>		How long <i>1 week</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Surick</i>	
		<i>Yes</i>		Address <i>Woodlawn Sta</i>	
Accident or Suicide?					

A Bothe & Son

Woodlawn Cemetery

— # —

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Felix Miller

Town

Died at Sparrow's Pt. Lane

County

Baltimore

MARYLAND

Date
of death

1940

Month

March

Day

2

Years

Age

42

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Russia

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Andy Miller

Father's
Birthplace

Russia

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Russia

Name of person giving
Information

Clas. Miller

How related
to deceased

Brother

CAUSES OF DEATH

92 ✓

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

I don't know

Immediate

Exhaustion

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

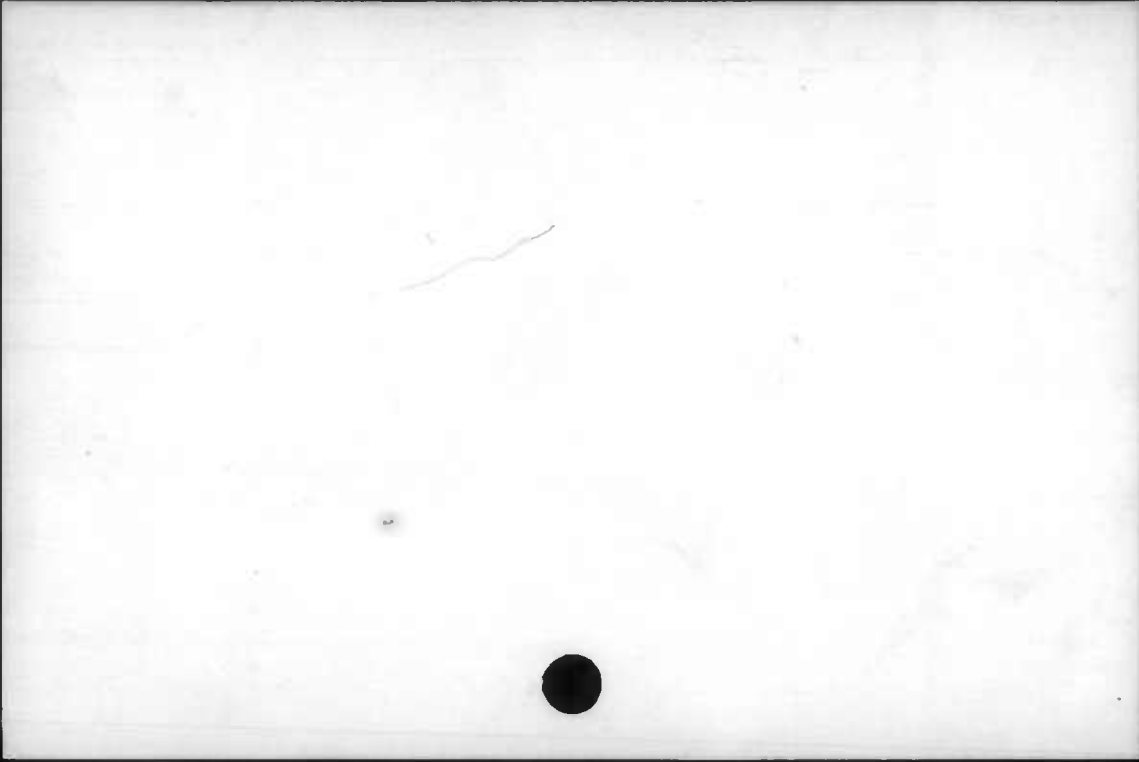
yes

Signature of
Physician

Address

H. K. Pettit
Sparrow's Pt.
Md.

Accident or Suicide



Name
in
Full

Julia Mooney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Hope Retreat ^{County} Baltimore MARYLAND

Date of death 1990 ^{Month} Mch ^{Day} 29 ^{Years} Age 70 ^{Months} not known ^{Days} not known

Sex Female Color or Race White Birthplace Baltimore

Occupation none Where Residing if not at place of death Inland - Baltimore -

~~Married, Single or Widowed~~ Name of Wife or Husband Not Known

Father's Name Not Known Father's Birthplace Inland

Mother's Maiden Name Mother's Birthplace Inland

Name of person giving Information Recd at Mt Hope Retreat How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile Mania How long 5 or 6 yrs

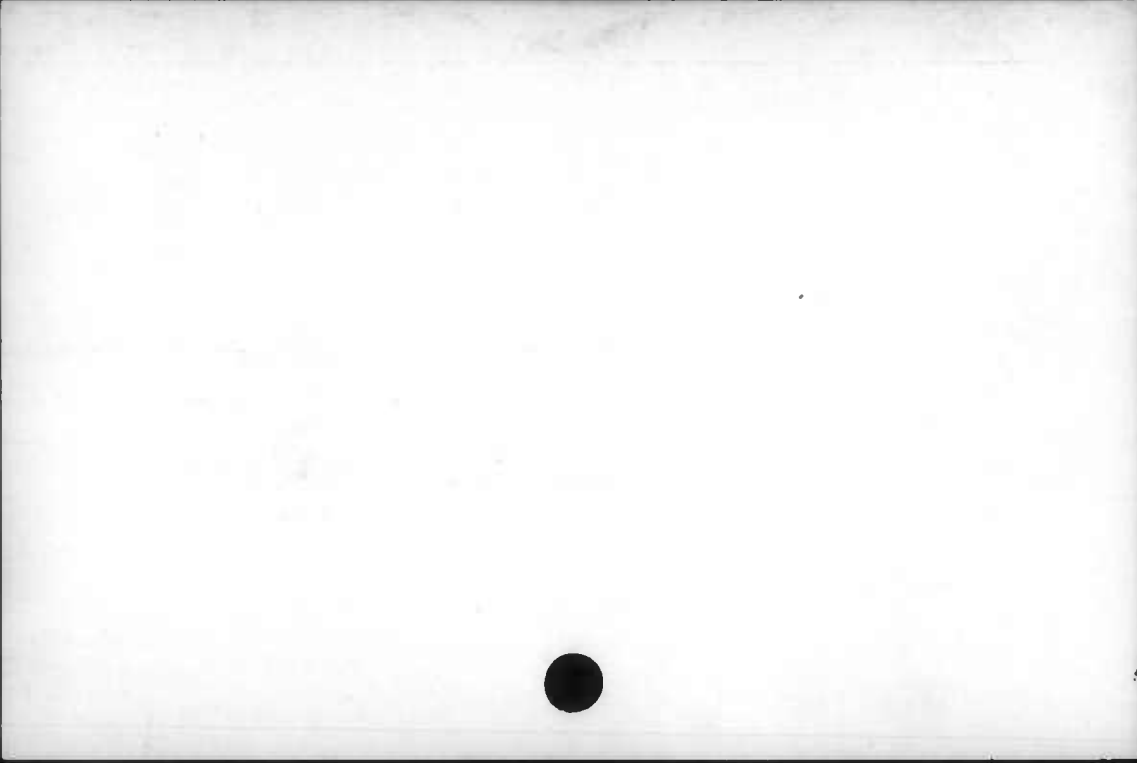
Immediate Broncho-Pneumonia How long abt 1 week -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J Flannery

Address Mt Hope Retreat
Mt Hope Md -

Accident or Suicide



Name
in
Full

Albert Moritz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i>		Town <i>Westport</i>		County <i>B. & B.</i>		MARYLAND	
Date of death	<i>1900</i>	Month <i>March</i>	Day <i>28</i>	Age <i>72</i>	Years	Months <i>c</i>	Days <i>c</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>Mechanic</i>	Where Residing if not at place of death <i>Westport B. & B.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Chas. F. Reinert</i>	How related to deceased <i>None</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright disease</i>	How long
Immediate <i>Uraemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter A. Cox M.D.</i>
	Address <i>54 S. Fulton Ave. Balt.</i>
Accident or Suicide?	

13

Joe Joerdens

Mt Olivet.

Name
in
Full

E. dith May Morse
Town

CERTIFICATE OF DEATH

Died at Bloede Hospital County Baltimore Co MARYLAND
Date of death 19010 Month March Day 14 Age 18 Years Months 6 Days 21

Sex Female Color or Race White Birth-place Baltimore
Occupation Stenographer Where Residing if not at place of death Bloede Hospital

~~Mother, Single~~ Single Name of Wife or Husband _____

Father's Name John. Morse Father's Birthplace Ireland
Mother's Maiden Name Mary E. Dittmar Mother's Birthplace Baltimore
Name of person giving Information Mary E. Morse How related to deceased mother

CAUSES OF DEATH

Primery Tuberculosis How long 10 months
Immediate Heart Failure How long Few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Josephus A. Knight
Address Endowed Sanatorium, Rowson Md

I Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

F. A. Krause & Bro
Cathedral Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

Edgar Goodwin Myers

Town

County

Died at

Rustertown Md

Baltimore

MARYLAND

Date

of death 19

10

Month

Mar

Day

31

Age

Years

Months

8

Days

16

Sex

Male

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

James Myers

Father's
Birthplace

Baltimore City

Mother's
Maiden Name

Martha E Goodwin

Mother's
Birthplace

Baltimore Md

Name of person giving
In formation

Frank P Goodwin

How related
to deceased

Grand father

CAUSES OF DEATH

189

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Primary

Imperfect Heart Action

How long

from birth

Immediate

Transition
convulsions

How long

about 6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. W. White
Glyndon
Md

Accident or Suicide?

To Be burned at Revolution

Name
in
Full

CERTIFICATE OF DEATH

Barbara Kachter

Town

County

MARYLAND

Died at

Monell Park

Baltimore

Date

Month

Day

Years

Months

Days

of death

1960 Mar

6

Age

49

Sex

Female

Color or
Race

white

Birth-
place

Russia

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Michael Kachter

Father's
Name

unknown

Father's
Birthplace

not known

Mother's
Maiden Name

unknown

Mother's
Birthplace

not known

Name of person giving
information

Mrs Strauss

How related
to deceasedsister in
law

CAUSES OF DEATH

48

v

Primary

Chronic Rheumatism

How long

2 years

Immediate

Cardiac asthma

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Geo. S. Kipper

Address

Monell Park

Baltimore Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H

Western Cemetery
J. B. Cook

J

Name
in
Full

Marie Nickel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton, 14th & 5th Ave.</u>		County <u>Balto</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>March</u>	Day <u>10</u>	Age <u>5</u>	Months <u>1</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Balto.</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>had none</u>				
Father's Name <u>George Nickel</u>	Father's Birthplace <u>Balto Md</u>				
Mother's Maiden Name <u>Mary Peters</u>	Mother's Birthplace <u>Balto Md</u>				
Name of person giving information <u>George Nickel</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary <u>Subacute Endocarditis</u>	How long <u>abt. 3 weeks</u>
Immediate <u>Syncope</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. M. Winger</u>
	Address <u>Canton & O'Donnell Sts.</u>
Accident or Suicide?	

Sacred Heart Con.

Mar. 12" 1910

Wendell Lippel Son

330 S. Bond St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Raspburg</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1960</i>	<i>3</i> Month	<i>23</i> Day	Age <i>4</i> Years	<i>5</i> Months	<i>22</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>Raspburg</i>			
Married, Single or Widowed		Name of Wife or Husband <i>none</i>			
Father's Name <i>James Norwood</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Catharine Quin</i>		Mother's Birthplace <i>North Carolina</i>			
Name of person giving Information <i>James Norwood</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lobar pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Lobar Pneumonia</i>	How long	<i>10 days-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geary G. Long, M.D.</i>	
		Address <i>Hamilton, Ind</i>	
Accident or Suicide <i>No</i>			

Greenmount
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Josephine G. Odend'hal

Died at ^{Town} Arlington ^{County} Baltimore

MARYLAND

Date of death 190 10 ^{Month} March ^{Day} 23 Age ^{Years} 11 ^{Months} 4 ^{Days} 17

Sex Female Color or Race white Birth-place Baltimore Md

Occupation School Girl Where Residing if not at place of death Arlington

Married, Single or Widowed single Name of Wife or Husband

Father's Name Lucien C. Odend'hal

Father's Birthplace Paris

Mother's Maiden Name Nellie Grant

Mother's Birthplace New York

Name of person giving Information Lucien C. Odend'hal

How related to deceased Father

CAUSES OF DEATH

Primary Scarlet fever. (Vibrant.)

How long 7 days.

Immediate Loxemia Exhaustion

How long 2 days.

Are the name, age, sex, color, date and place correctly given above? y.

Signature of Physician H. C. Cox M.D.

Address Arlington

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment in

The Cathedral Cemetery

March 24 1910

Stewart Snowden Co

215 Park Ave

Baltimore Md.

Name
in
Full

Francis William Patterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u>		Town <u>Baltimore</u>		County		MARYLAND	
Date of death 19 <u>60</u>	Month <u>March</u>	Day <u>22</u>	Age <u>75</u>	Year	Month <u>1</u>	Day <u>11</u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Salisbury Conn.</u>				
Occupation <u>Physician</u>			Where Residing if not at place of death <u>Catonsville Md</u>				
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Helen F. Patterson</u>					
Father's Name <u>William Patterson</u>			Father's Birthplace <u>Massachusetts</u>				
Mother's Maiden Name <u>Phoebe Vincent</u>			Mother's Birthplace <u>Massachusetts</u>				
Name of person giving Information <u>Ethel A. Patterson</u>			How related to deceased <u>Daughter.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Left Hemiplegia.</u>	How long	<u>4 mos</u>
Immediate	<u>asthenia</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Marshall B. Wrist</u>	
		Address <u>Catonsville Md.</u>	

Accident or Suicide

Place of burial London Park

Henry W. Jenkins & Sons Co

Orchard & McCulloch Sts.

Name
in
Full

CERTIFICATE OF DEATH

Charles Portek

Town

County

MARYLAND

Died at

Sundalk

Balto

Date

Month

Day

Years

Months

Days

of death 1900

March

24

Age

40

Sex

Male

Color or
Race

White

Birth-
place

Bohemia

Occupation

Labour

Where Residing if not
at place of death

Balto

Married, Single
or Widowed

Single

Name of Wife or
Husband

None -

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Mr Rod Lusk

How related
to deceased

None

CAUSES OF DEATH

Primary

Cardiac Syncope

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Grover
J S Sudler M.D.
3323 E. Balto St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Christian Miller
2334 Jefferson St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bessie Virginia Reed</i>		Town <i>Elchester</i>		County <i>Balto.</i>		MARYLAND	
Died at		Date of death <i>1960</i>		Month <i>Mar.</i>		Day <i>13</i>	
Age <i>21</i>		Years <i>11</i>		Months <i>11</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Weaver.</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Enoch L Reed</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Rosanna Parnell</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Rosanna Schlegel</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Six Mos</i>
Immediate <i>Cardiac and General Asthenia</i>	How long <i>6 or 7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Frank D Miller M.D.</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide <i>_____</i>	

S. H. Halsey & Son

Trinity Chapel Cemetery

Name in Full		Mary J. Regan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Monrell Park		County Baltimore		MARYLAND	
	Date of death	1900	Month Feb	Day 16	Age 71	Years	Months —
	Sex	Female		Color or Race	White		Birth-place Ireland
	Occupation	House wife		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband Edward P. Regan			
	Father's Name	not known				Father's Birthplace	Ireland
	Mother's Maiden Name	not known				Mother's Birthplace	Ireland
Name of person giving information	Clara L. Armstrong				How related to deceased	Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bright's disease				How long	1 yr.
	Immediate	Nephritis				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Geo S M Kieffer
	Address	Monrell. Park Baltimore Md.					13
Accident or Suicide?							

St Peters Cemetery

J. S. Fink, Undertaker

Name
in
Full

Louisa Rever

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Brehms Lane* Town *Bath* County **MARYLAND**Date of death *1960* Month *3* Day *6* Age *72* Years Months *2* Days *1*Sex *Female* Color or Race *White* Birthplace *Europe*Occupation *Housewife* Where Residing if not at place of death *Brehms Lane*Married, Single or Widowed *Single* Name of Wife or Husband *Ym Rever*Father's Name *Ad Ackerman* Father's Birthplace *Europe*Mother's Maiden Name *Barbara Ackerman* Mother's BirthplaceName of person giving Information *Julia Rever* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Pneumonia* How long *Months*Immediate *Heart Failure* How long *Days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. D. Lane*Address *Gardenville Bath Co. Md.*Accident or Suicide *—*PHYSICIAN
OR CORONER

Jerusalem
Cemetery

Name
in
Full

Muhammad Infant Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at white marsh ^{Town} Baets ^{County} MARYLAND

Date of death 1940 ^{Month} Mar ^{Day} 17 ^{Age} 0 ^{Years} 0 ^{Months} 0 ^{Days} 0

Sex Male Color or Race white Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Geo A Richardson Father's Birthplace Ind

Mother's Maiden Name Alice Robinson Mother's Birthplace Ind

Name of person giving Information Geo A Richardson How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Shed Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John W. Harrison M.D.
Address San Off. 15 West
Baets Co

Accident or Suicide

no

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Annie Ritter</i>		Town <i>Woodlawn</i>		County <i>Balto</i>		State MARYLAND	
Died at <i>Woodlawn</i>		Month <i>Feb</i>		Day <i>17th</i>		Years <i>5-5-</i>	
Date of death <i>1900</i>		Age <i>5-5-</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>House - help</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Emanuel Ritter</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Eliza A.E. Keller</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Anna Whitman</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Paratyphoid</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Signature of Physician <i>A. C. Smith</i>	
Address <i>West Forest Park</i>	
Accident or Suicide <i>-</i>	

Mt Olive Cemetery
Jos B. Cook

Name
in
Full

Henry Russell Robbins

CERTIFICATE OF DEATH

Town

Govan

County

Baltimore

MARYLAND

Died at

Date

of death 1940

Month

3

Day

23

Years

Age

89

Months

3

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Hartford, Conn

Occupation

Retired

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Was/Mary Ellen Owens

Father's
Name

Frederick Robbins

Father's
Birthplace

Hartford, Conn

Mother's
Maiden Name

Lydia Burr

Mother's
Birthplace

do do

Name of person giving
Information

Mrs. T. R. Pendleton

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Old age

How long

154

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. H. Duncan

Address

Govanstown

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Place of burial, Loudon Park Cemetery, Baltimore.

Undertakers, Henry W. Mears & Son, Baltimore.

Name
in
Full

Eugene Rosenstem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Age	Years	Months	Days
190		Mar.	2	40	11	12	
Sex	Male	Color or Race	White	Birth-place	Jenna.		
Occupation	Brush Maker.		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Mary. Rosenstem			
Father's Name	Simon Rosenstem		Father's Birthplace	Germany			
Mother's Maiden Name	Mary LeBon.		Mother's Birthplace	"			
Name of person giving Information	Mary Rosenstem		How related to deceased	Wife			

CAUSES OF DEATH

Primary	Immediate
Heart Disease	Exhaustion

How long
8 mo

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. E. Hesser M. D.

Address

1211 N. Pat Park Ave

PHYSICIAN
OR CORONER

Accident or Suicide

C. J. Fanning
Baltimore Cemetery

Name
in
Full

John Rushland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grange		County Baltimore		MARYLAND	
Date of death	1910	Month March	Day 7	Age 62	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Germany
Occupation	Farm Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Theresa Rushland			
Father's Name	Charles Rushland					Father's Birthplace	Germany
Mother's Maiden Name	Not Known					Mother's Birthplace	Not Known
Name of person giving Information	Charles Rushland					How related to deceased	Son

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Arterio-Sclerosis	How long	3 yrs.
Immediate	Bronchitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	Dr. F. A. Glantz
		Address	3244 Eastern Ave
Accident or Suicide?			

March 9th 1910

1st Evangelical Gen

H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balt.</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	<i>March</i> ^{Month}	<i>11</i> ^{Day}	<i>9</i> ^{Years}
Sex <i>Male</i>		Color or Race <i>white</i>	Birth-place <i>Baltimore</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>810 S. Front St</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Samuel M. Saunders</i>	Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Catherine M. Muldoon</i>	Mother's Birthplace <i>Balto.</i>		
Name of person giving information <i>Samuel M. Saunders</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate <i>perforation of bowel, bleeding & peritonitis</i>	How long <i>3.6 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. T. Hardy</i>
	Address <i>1902 Bank St. Baltimore</i>
Accident or Suicide? <i>H</i>	

Good Heart Sewing
March. 14th 1910
N. Sarah & Son.

Mr. Hardy,

Name
in
Full

Emilia B. Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Baltimore* ^{County} *Balto* **MARYLAND**

Date of death 19*60* ^{Month} *3* ^{Day} *9* ^{Years} *63* ^{Months} *1* ^{Days} *3*

Sex *Female* Color or Race *White* Birth-place *Europe*

Occupation *Housewife* Where Residing If not at place of death *~~Baltimore~~*

~~Married~~ *Single* Name of Wife or Husband *August Schmidt*

Father's Name *Paul Lange* Father's Birthplace *Europe*

Mother's Maiden Name *Emilia Lange* Mother's Birthplace *" "*

Name of person giving Information *Elizabeth Wild* How related to deceased *Doughter*

CAUSES OF DEATH

88 *53* ✓

How long *6 months(?)*

How long *2 weeks*

PHYSICIAN
OR CORONERPrimary *Hodgkins Disease*Immediate *Sepsis*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. L. Wilkinson
Roseburg

Accident or Suicide

neither

Belle Cemetery,
Fred Lassher's Son

Name
in
Full

CERTIFICATE OF DEATH

Died at

Town *Highlandtown* County *Balto*

MARYLAND

Date

of death

1900

Month

3

Day

6

Age

Years

—

Months

5

Days

—

Sex

*Male*Color or
Race*White*Birth-
place*Balto Co*

Occupation

*none*Where Residing if not
at place of death*130 S. Clinton*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*John Schneider*Father's
Birthplace*Germany*Mother's
Maiden Name*Lena Krotz*Mother's
Birthplace*" "*Name of person giving
Information*John Schneider*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Respiratory. Acute

How long

2 wks

Immediate

1 exam

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*F. J. Hermann M.D.*

Address

315 E. Baltimore St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

7

Oak Lamm born

Henriksen

3/7/10

Name
in
Full

CERTIFICATE OF DEATH

Harriet B. Seidenstricker
Town County

MARYLAND

Died at Forest Park.

Baltimore

Date of death 1900 March 19

Dys

Age 74

Months

Dys

Sex Female

Color or Race white

Birth-place Baltimore

Occupation ~~None~~

Where Residing if not at place of death

H. Forest Park & H. Forest Park

Married, Single or Widowed widow

Name of Wife or Husband Albert Seidenstricker

Father's Name Geo W. Davis

Father's Birthplace Baltimore

Mother's Maiden Name Julia -

Mother's Birthplace Baltimore

Name of person giving Information Albert Seidenstricker

How related to deceased Son

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis

How long Unknown

Immediate Emphysema

How long Unknown

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. B. Giles
Forest Park, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

For Internment at
London Park --

E. Madison Mitchell

1201 N. Fayette St =

Bethesda =

Dr. Taylor
Pikeville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *John Edward Sheekells*
Died at *Latteland* ^{Town} *Baltimore* ^{County}

MARYLAND

Date of death *1900* ^{Month} *March* ^{Day} *21* Age *no* ^{Months} *no* ^{Days} *7*Sex *male* Color or Race *white* Birth-place *Latteland*Occupation *none* Where Residing If not at place of death *Latteland*Married, Single or Widowed *infant* Name of Wife or Husband *Infant*Father's Name *John Sheekells* Father's Birthplace *Baltimore*Mother's Maiden Name *Emma R. Coleman* Mother's Birthplace *Baltimore*Name of person giving Information *John Sheekells* How related to deceased *father*

CAUSES OF DEATH

Primary *Ltoms* ^{How long} *2 days*Immediate *Exhaustion* ^{How long} *1 day*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Dr. Hanch
Int. 1010

Accident or Suicide

PHYSICIAN
OR CORONER

Joe. B. Cook

Cedar Hill Cemetery

Name
in
Full

George Sherman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Stith* Town *Barth* County
Date of death *1940* Month *March* Day *25* Age *68* Months *7* Days *7*
Sex *Male* Color or Race *White* Birth-place *Tenna.*
Occupation *Farmer.* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Sherman.*
Father's Name *Jacob Sherman* Father's Birthplace *Tenna.*
Mother's Maiden Name *Christian Bailey* Mother's Birthplace
Name of person giving Information *Mrs. Geo Sherman* How related to deceased *Wife.*

CAUSES OF DEATH

78

Primary *Chronic Myocarditis* How long *8 months*
Immediate *Supplemented by acute myocarditis* How long *Four days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Milton C. Dummick, M.D.*
Address *Shrewsbury, Pa.*

PHYSICIAN
OR CORONER

Accident or Suicide

Philip Markline & Son

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Jessie C Shipley* Town *Randallstown* County *Boyle*Died at *Randallstown* *Boyle*

MARYLAND

Date of death *1900* Month *March* Day *23* Age *13* Years Months *7* Days *2*Sex *Female* Color or Race *White* Birth-place *Balto Co Md*Occupation *Unknown* Where Residing if not at place of death *Randallstown*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Thomas C. Shipley* Father's Birthplace *Balto Co Md*Mother's Maiden Name *Annie M Cross* Mother's Birthplace *Balto Co Md*Name of person giving Information *T. C. Shipley Jr* How related to deceased *Brother*

CAUSES OF DEATH

*28*PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis* How long *Unknown*Immediate *Fatty degeneration of Heart* How long *Unknown*Are the name, age, sex, color, date and place correctly given above *Yes*Signature of Physician *Wm J. Bennett*Address *Randallstown Balto Co Md*

Accident or Suicide

Wt Cline.

A Cook.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Courad. Frank Shuchart.

Died at 614 West Balto & Balto Maryland

Date of death 1900 3 4 Age 33 Months 3 Days 1

Sex Male Color or Race White Birth-place Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frank Shuchart Father's Birthplace Penna.

Mother's Maiden Name Rosia Shuchart. Mother's Birthplace Germany.

Name of person giving Information Frank Shuchart How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma How long 2 months

Immediate Carcinoma How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo. J. Mc

Address New Freedom Pa

Accident or Suicide

This card by some means or
other was overlooked when
~~last~~ month's report. (Mch) was
reported for which please
excuse. J. B. N.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **William G. Simmons** Town **Reisterstown** County **Baltimore** MARYLAND

Died at **Reisterstown**

Date of death **1990** Month **Mar** Day **23** Age **Years** Months **1** Days

Sex **male** Color or Race **white** Birth-place **Canton**

Occupation **none** Where Residing if not at place of death **Same**

Married, Single or Widowed **Single** Name of Wife or Husband **none**

Father's Name **Geo. W. Simmons** Father's Birthplace **Baltimore City**

Mother's Maiden Name **Clara M. Stein** Mother's Birthplace **Baltimore City**

Name of person giving information **Geo W. Simmons** How related to deceased **father**

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Oak Larrilem
Hennigson

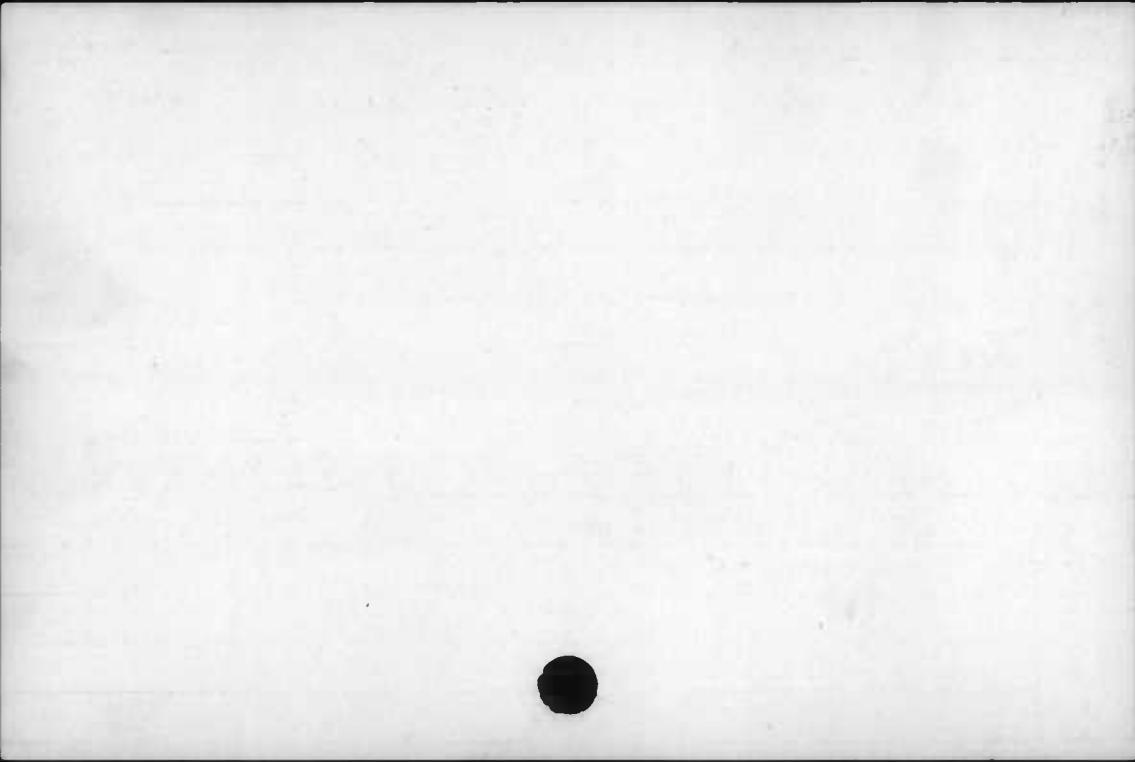
Name in Full		Walter Wesley Sindall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Roland Park		Baltimore		MARYLAND		
	Date of death	1900	March	3	Age	29	1 Months 9 Days	
	Sex	Male		Color or Race	White		Birth-place	Howard Co Md.
	Occupation	Shirt Cutter			Where Residing If not at place of death			Roland Park Md.
	Married, Single or Widowed	Married		Name of Wife or Husband				Rose Simonson
	Father's Name	John W. Sindall				Father's Birthplace	Balto Co Md.	
	Mother's Maiden Name	Catherine Hollander				Mother's Birthplace	" " "	
	Name of person giving information	John W. Sindall				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(29) ✓</div>								
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	9 years	
	Immediate	Pulmonary Hemorrhage				How long	5 minutes	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. Gibson Porter	
					Address		Roland Park Md	
Accident or Suicide?		No						

St Mary's Hospital
H S Marshall
3539 Fall River

Mar 6 - 1911

109 Prospect Ave
Cold Spring Harbor

Name in Full		Christian Single				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		St. Agnes' Hospital		County		Baltimore	
	Date of death		1900		Age		5-3	
	Month		Mar.		Day		20 th	
	Sex		Male		Color or Race		White	
	Occupation		Cabinet Maker		Birth-place		Germany	
	Where Residing if not at place of death		2131 - Christian St.		Months		Days	
	Married, Single or Widowed		Mar.		Name of Wife or Husband		Unknown	
	Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		"		Mother's Birthplace		"		
Name of person giving information		Hospital Record		How related to deceased		"		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Dementia Praecox		How long		14 yrs (?)	
	Immediate		Broncho. Pneumonia		How long		10 days.	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		Allen Graham M.D.	
	Address		St. Agnes Hospital.		Accident or Suicide?		No.	



Name
in
Full

Philip M. Snowden

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Towson

Baltimore

Date

of death 1900

Month

3

Day

27

Age

Years

79

Months

9

Days

13

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Real Estate Agent

Where Residing if not
at place of death

Near Towson

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Sarah E. Snowden

Father's
Name

Samuel Snowden

Father's
Birthplace

Maryland

Mother's
Maiden Name

Patience Mary Richardson

Mother's
Birthplace

Maryland

Name of person giving
Information

Frank S. Ehlen

How related
to deceased

Grandson

CAUSES OF DEATH

64

Primary

Arterio Sclerosis Hemiplegia Several Years

Immediate

Apoplexy

(4th)

How long

20 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. B. Massenburg

Address

Towson

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns' Sons

Interment

London Park

Tuesday Mch 29

Name
in
Full

CERTIFICATE OF DEATH

Henry C. Snyder

Town

County

MARYLAND

Died at Hawardsville Baltimore

Date of death 1900 Month 3 Day 21 Age 1 Months 11 Days —

Sex Male Color or Race White Birth-place Balt. Co.

Occupation — Where Residing if not at place of death Hawardsville

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Henry C. Snyder Father's Birthplace Balt. City

Mother's Maiden Name Mrs. Anne Creswell Mother's Birthplace Carroll Co.

Name of person giving Information Henry C. Snyder How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia

How long Four Weeks

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Edw. C. Jones

Address Baltimore

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J H Knap

Mr Ohio

Name
in
Full

Still Birth
Town

Stankis
County

CERTIFICATE OF DEATH

Died at Latteland

Baltimore

MARYLAND

Date of death 1900 March 6

Age no

Months no Days no

Sex male

Color or Race white

Birth-place Latteland

Occupation none

Where Residing if not at place of death

Latteland

Married, Single or Widowed Single

Name of Wife or Husband Infant.

Father's Name Frank Stankis

Father's Birthplace Russia

Mother's Maiden Name Rosa Wrinkler

Mother's Birthplace Russia

Name of person giving Information Frank Stankis

How related to deceased father.

CAUSES OF DEATH

Primary Still Birth

How long —

Immediate Still Birth

How long —

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician

Russlane

Address

not verified
md. 3

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dr. Gerhardt Rulch

Jos. Jorden & Son
St. Peter, Minn.

Name
in
FullFrank R. Stanley -
Town

CERTIFICATE OF DEATH

Died at

Texas

County

Batts.

MARYLAND

Date

of death

1940

Month

Mch.

Day

9

Years

Age

30

Month

9

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Va.

Occupation

Labour at Furnace.

Where Residing if not
at place of death

Batts. Co. Alhazhouse

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Cornelius Stanley -

Father's
Birthplace

Va.

Mother's
Maiden Name

Kate Kelley

Mother's
Birthplace

Unknown

Name of person giving
Information

House Registrar.

How related
to deceased

None

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Helmur C. Ousey M.D.

Address

Cockayville
Ind.

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns Sons

Toronto

Interment at

John Hopkins

March. 10th 1910.

Name
in
Full

William Sticking

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Leonton Palis Station* Town *Baltimore* County *78* *75* *76* **MARYLAND**

Date of death *1960* Month *March* Day *7* Age *37* years Months *76* Days

Sex *Male* Color or Race *white* Birth-place

Occupation *Shoe Repair* Where Residing if not at place of death *Back River*

~~Married~~ Single or Widowed Name of Wife or Husband *None*

Father's Name *David Sticking* Father's Birthplace *Baltimore County*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving Information *"* How related to deceased

CAUSES OF DEATH

188

PHYSICIAN
OR CORONER

Primary *Cardiac Syncope* How long

Immediate *Coroner* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. S. Judet M.D.*

Address *3333 E. Baltimore*

Accident or Suicide

Thudine WHT
1702 South St

Mar 87 1980

Osby - Gentry

Name *Josefa Siedlecker (Josephine Sadler)*
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Bear* County *Baltimore* **MARYLAND**

Died at *Bear*

Date of death *1940* Month *Mar* Day *19* Age *52* Months *1* Days *5*

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *House-keeper* Where Residing if not at place of death *—*

Married, Single or Widowed *widow* Name of Wife or Husband *—*

Father's Name *Thomas Kaiser* Father's Birthplace *Germany*

Mother's Maiden Name *Josephine Sadler* Mother's Birthplace *Germany*

Name of person giving Information *Jno Kaiser* How related to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *about 6 mos*

Immediate *Cachexia* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John D. Harrison M.D.*

Address *Middle River Md*

Accident or Suicide *No*



Name
in
Full

Francis P. Sullivan

CERTIFICATE OF DEATH

Town

County

Died at

Highlandtown Balto.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1940

March

14th

Age

—

—

2

Sex

Male

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

None

Where Residing if not
at place of death

521 S. East Ave

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Francis M. Sullivan

Father's
Birthplace

Balto. Md.

Mother's
Maiden Name

Georgianna M. Triabro

Mother's
Birthplace

—

Name of person giving
Information

Francis M. Sullivan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Congenital heart disease

How long

48 hrs

Immediate

asthenia

How long

48 hrs.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

M. J. McAvoy
839 S. Canton St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Tilly and Zeiler. —
New Cathedral Cemetery. —
March 15 - 1910. —

Name
in
Full

CERTIFICATE OF DEATH

Gladys E. Talbert

Town

County

Died at

Charles Farm

Batto

MARYLAND

Date

of death 19

Month

Mar

Day

18

Age

Years

—

Months

4

Days

—

Sex

Female

Color or
Race

white

Birth-
place

Batto co Md

Married, Single
or Widowed

Single

Occupation

Hom

Name of Wife or
HusbandFather's
Name

Robert L. Talbert

Fether's
Birthplace

Batto co Md

Mother's
Maiden Name

Elizabeth Long

Mother's
Birthplace

Batto co Md

Name of person giving
In formation

Elizabeth Long

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Grip, Bronchitis

How long

about 10 days

Immediate

Pneumonia

How long

some days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W H Campbell

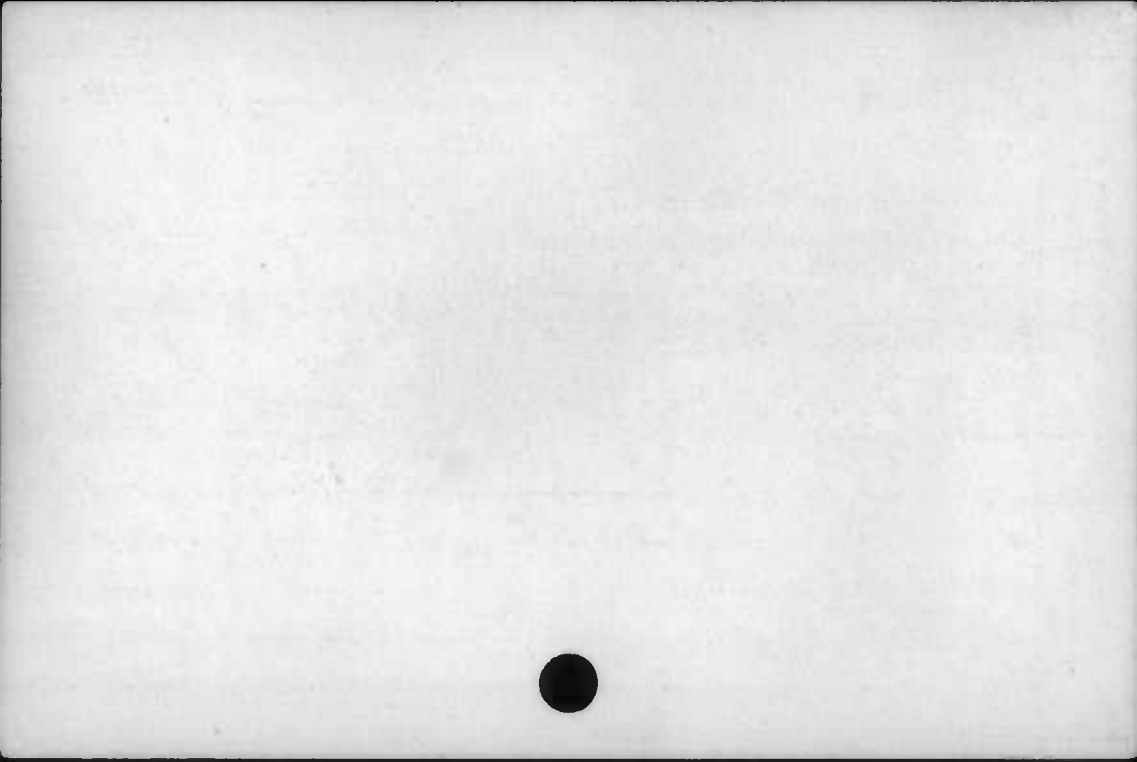
Address

Carrington Mills, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

William E. Taylor

CERTIFICATE OF DEATH

Died at ^{Town} Catonsville ^{County} Baltimore MARYLANDDate of death 1980 ^{Month} Mch ^{Day} 3 Age ^{Years} 72 ^{Months} x ^{Days} x

Sex Male Color or Race white Birth-place Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Not Known

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary Chronic Bright's Disease How long 5-6 years

Immediate Broncho-Pneumonia How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. P. Winterode

Address Md. Hospital for Insane Catonsville, Md.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Amelia Trumfetsky</i>		Town <i>Lanaville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>Friday</i>		Years <i>39</i>	
Date of death <i>1910</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Occupation		Where Residing if not at place of death <i>Lanaville Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Not known</i>					
Father's Name <i>John. Wagner</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Katherine Wenger</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>John Wagner</i>		How related to deceased <i>"</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>?</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. Wolman</i>
		Address <i>Chiff. Dispensary</i>
Accident or Suicide?		

Baltimore been
March 14/910.
Went back

Name
in
Full

George Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ruxton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>March</i>	Day <i>26</i>	Age <i>76</i>	Months <i>7</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Bellefonte Pa.</i>		
Occupation <i>Iron master (retired)</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emily J. Valentine England</i>				
Father's Name <i>George Valentine</i>	Father's Birthplace <i>Bellefonte Pa.</i>		Mother's Birthplace <i>Philadelphia Pa.</i>		
Mother's Maiden Name <i>Mary Downing</i>	Name of person giving Information <i>Mary Downing Valentine</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis - aortic Insufficiency.</i>	How long <i>weak heart.</i>
Immediate <i>Angina. Pectoris - Convulsion (the mind)</i>	How long <i>18 hours about</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. M. Debnay M.D.</i>
	Address <i>Ruxton, Baltimore Co Md</i>
Accident or Suicide <i>No</i>	

Place of burial Bellefonte Centre Co Pa
By W. Jenkins & Sons Co
Orchard & M^{rs} Bullock St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emma Vermillion* Town *Dieherville* County *Balto*

MARYLAND

Died at *Dieherville* Date of death *1960* Month *Feb* Day *15th* Age *43* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *James Vermillion*

Father's Name *James Barclay* Father's Birthplace *Md*

Mother's Maiden Name *Mary Barclay* Mother's Birthplace *Md.*

Name of person giving Information *Charles Smith* How related to deceased *Friend*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Mitral Regurgitation & Paroxysmal atrial fibrillation* How long *6 mos*

Immediate *thrombus* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. C. Smith*

Address *West Front Park Md*

Accident or Suicide

Lorraine Cemetery
Jos B. Cook

Presented to Jos. B. Cook
by L. W. Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1990</i>	<i>3</i> ^{Month}	<i>25</i> ^{Day}	<i>6</i> ^{Years}
		<i>5</i> ^{Months}	<i>24</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto City</i>	
Occupation <i></i>	Where Residing if not at place of death <i>109 E. Baltimore</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>		
Father's Name <i>Peter Wagner</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Katharine Kranz</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Peter Wagner</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Pneumonia</i>	How long <i>11 hours</i>
Are the name, age, sex, color, day and place correctly given above? <i>yes</i>	Signature of Physician <i>T. H. Herrmann M.D.</i>
	Address <i>3115 E. Baltimore St.</i>
Accident or Suicide? <i></i>	

Louis Heermann
32 S Broadway
Immanuel Cemetery
March 28 (1910)

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

~~Lawrence~~ *Lawrence* *Senton Walker*

Town

Freeland

County

Balto

MARYLAND

Date

of death

1900

Month

Mar.

Day

1

Age

Years

Months

7

Days

20

Sex

*Male*Color or
Race*White*Birth-
place*Balto, Md*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Lechester Walker*Father's
Birthplace*Maryland*Mother's
Maiden Name*Ethel Cinspacher*Mother's
Birthplace*Pa.*Name of person giving
Information*D. M. Hertz*How related
to deceased*1st coz. to father*

CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

Convulsions

How long

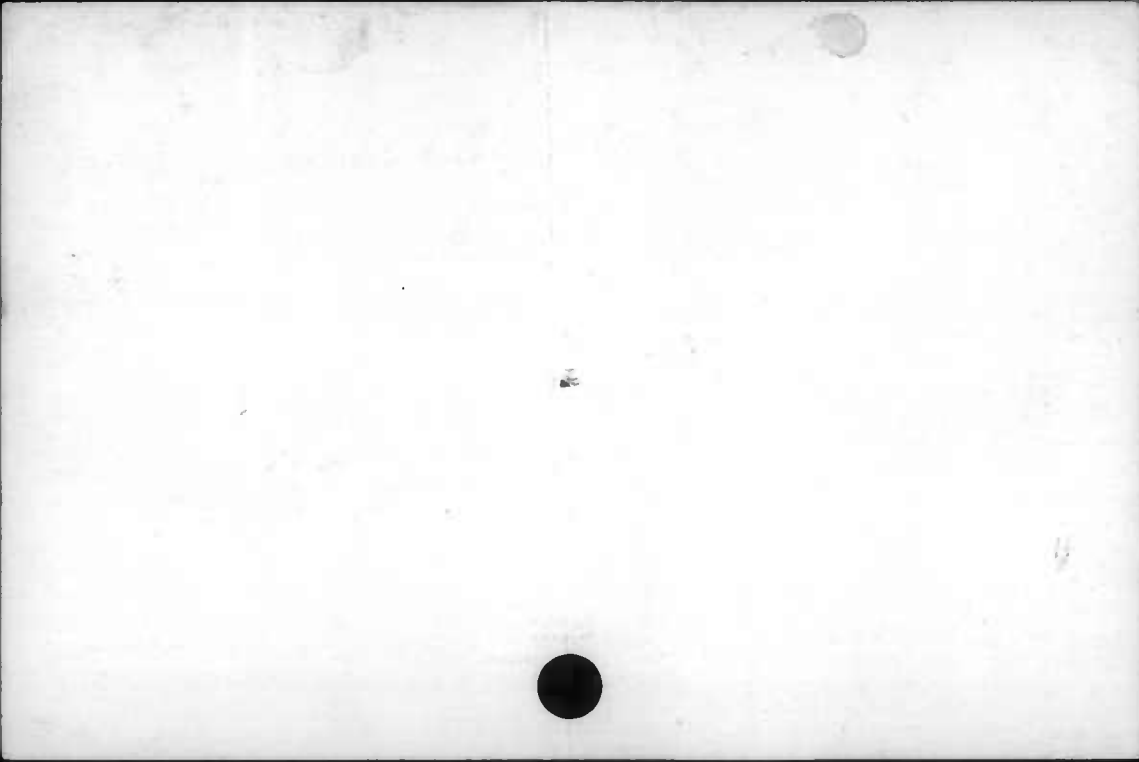
*24 hrs.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. R. Albaugh*

Address

Glen Rock, Pa. R.D. 1.

Accident or Suicide

*No.*PHYSICIAN
OR CORNER



Name
in
Full

Francis Albert Wampler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1901</i>	Month <i>March</i>	Day <i>19</i>	Age <i>80</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Fraunce Wampler</i>				
Father's Name <i>Levis Wampler</i>			Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Sydia Cruise</i>			Mother's Birthplace <i>Carroll Co</i>		
Name of person giving Information <i>William Powder</i>			How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Two or three yrs</i>
Immediate <i>Vascular Disease of Heart</i>	How long <i>A few weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H M Slade</i>
	Address <i>Reisterstown Md</i>
Accident or Suicide?	



Name
in
Full

Thomas

Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Texas* Town*Ballo* County

MARYLAND

Date of death *1900* Month *3*Day *5*Age *90* YearsMonths *2*Days *13*Sex *Male*Color or Race *White*Birth-place *Ireland*Occupation *Retired*Where Residing if not at place of death *Baltimore Co Md*Married, Single or Widowed *Widowed*Name of Wife or Husband *Mary Kelly Ward*Father's Name *Owens Ward*Father's Birthplace *Ireland*Mother's Maiden Name *Mary Summers*

Mother's Birthplace

Name of person giving information *Ella A Hood*How related to deceased *Daughter*

CAUSES OF DEATH

(99)

Primary

How long

Immediate

Pneumonia

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. T. C. Bussey

Address

Texas

Accident or Suicide?

*No**Md*PHYSICIAN
OR CORONER

E. A. Wadsworth Jr
St Joseph's Cemetery
Texas Ball Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Moosey Watkins

Town

Died at

Poplar Heights

County

Baltimore

MARYLAND

Date

of death 1900

Month

March

Day

19

Age

Years

-

Months

6

Days

-

Sex

Female

Color or
Race

Negro

Birth-
place

Poplar Heights

Occupation

none

Where Residing if not
at place of death

Poplar Heights

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Irving Watkins

Father's
Birthplace

Md.

Mother's
Maiden Name

Sooie Jackson

Mother's
Birthplace

Md.

Name of person giving
Information

Hy Jackson

How related
to deceased

Grand Father

CAUSES OF DEATH

Primary

Broncho-Pneumonia

How long

10 days

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

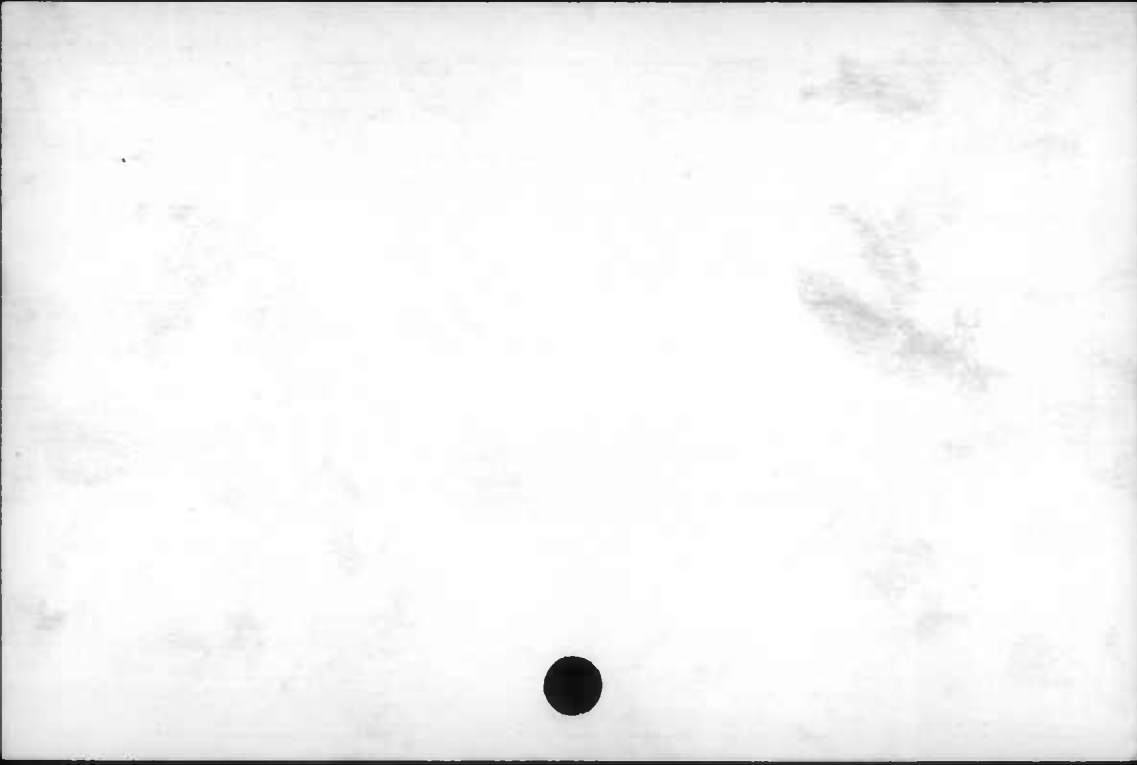
Signature of
Physician

Address

H. K. Pettkian MD
Sparrow's pt.
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

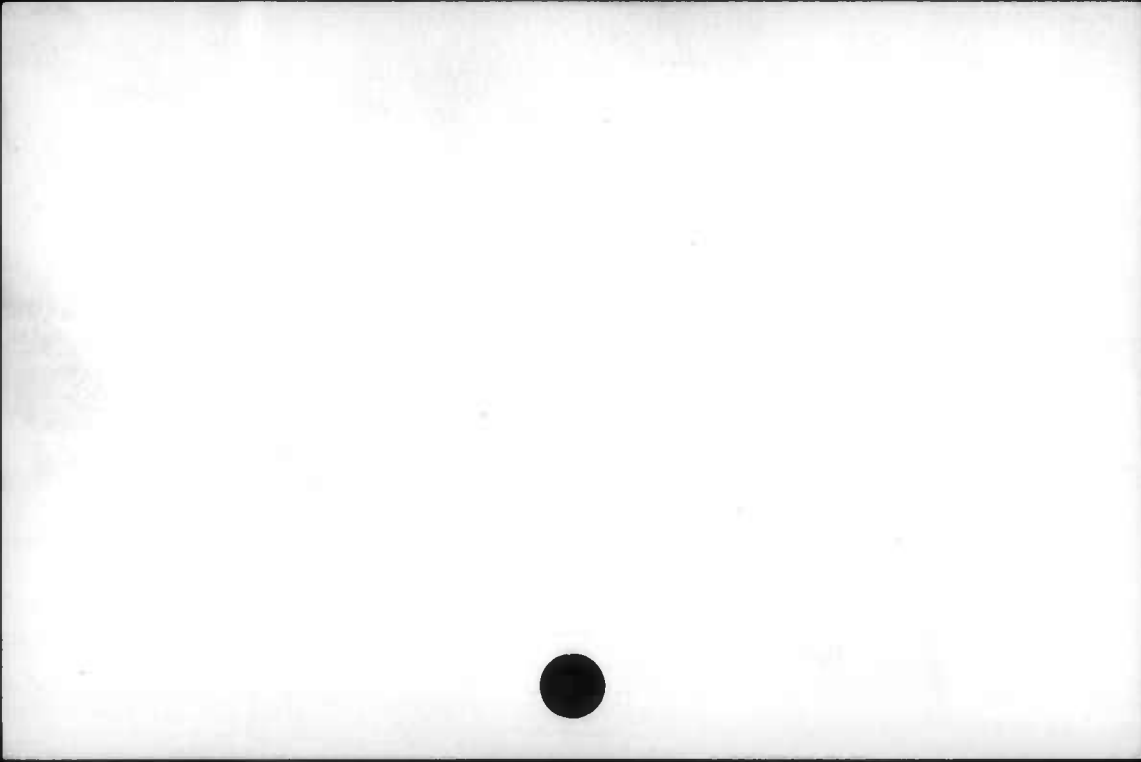
CERTIFICATE OF DEATH

MARYLAND

Name *Caroline J. S. Watson*
Town *Sparrow Point* County *Balto.*Died at *Sparrow Point*
Date of death 1900 Month *Mar* Day *28th* Age *85* Years Months *—* Days *10*Sex *Female* Color or Race *white* Birth-place *Ireland*Occupation *House work, at home* Where Residing if not at place of death *Sparrow Point*Married, Single or Widowed *Single* Name of Wife or Husband *James Watson (deceased)*Father's Name *Daniel McKay* Father's Birthplace *Ireland*Mother's Maiden Name *Margaret Stewart* Mother's Birthplace *Ireland*Name of person giving Information *J. Few, Mc Cully* How related to deceased *Nephew.*

CAUSES OF DEATH

Primary *Grip.* How long *1 week*Immediate *Exhaustion* How long *2 days.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *G. L. McCormick M.D.*Address *Sparrow Point Md*Accident or Suicide *no*



Name
in
Full

Mrs Harry White

CERTIFICATE OF DEATH

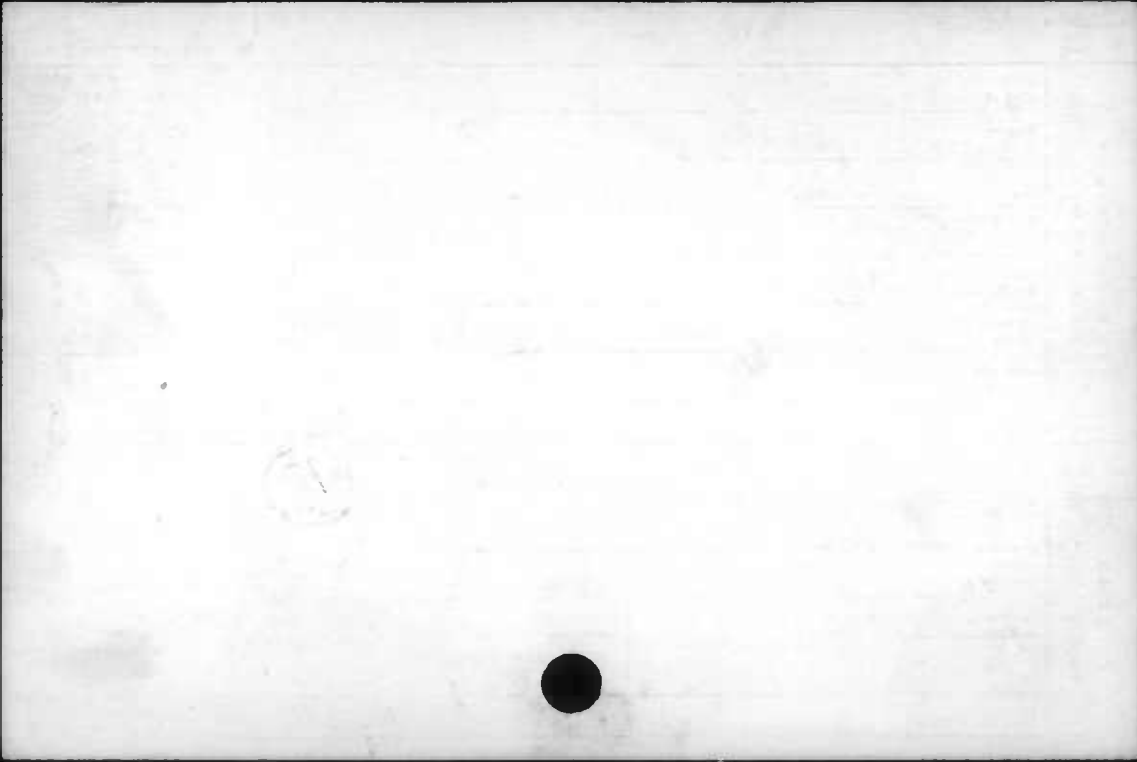
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spring Point</i> <small>Town</small> <i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i>	<i>March</i> <small>Month</small> <i>4</i> <small>Day</small>	Age <i>35</i> <small>Years</small>	<i>2</i> <small>Months</small> <i>19</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>North Carolina</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Harry White</i>		
Father's Name <i>Clayton Harris</i>	Father's Birthplace <i>North Carolina</i>		
Mother's Maiden Name <i>Annice Owens</i>	Mother's Birthplace <i>North Carolina</i>		
Name of person giving Information <i>Harry White</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary <i>Cuphe & Bursulitis</i>	How long <i>4 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. G. Giddens M.D.</i>
	Address <i>Spring Point</i>
Accident or Suicide <i>no</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Highlandtown</u> ^{County} <u>Baltimore</u>		MARYLAND	
Date of death 19 <u>90</u>	^{Month} <u>March</u>	^{Day} <u>21</u>	^{Years} <u>59</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Va</u>	^{Months} <u>—</u> ^{Days} <u>17</u>
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>3304 Fairview Highlandtown</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rebecca Wiley</u>		
Father's Name <u>William Wiley</u>	Father's Birthplace <u>Va.</u>		
Mother's Maiden Name <u>Mary Taylor</u>	Mother's Birthplace <u>Va</u>		
Name of person giving Information <u>Lillie M. Burke</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	<u>64</u> How long
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. C. L. Long</u>
	Address <u>2429 Fairview</u>
Accident or Suicide	

Mr Cook.
Interstate

Intersect at Oak Lane

March 24 / 1910

Name
in
Full

Austin Resh Wilhelm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

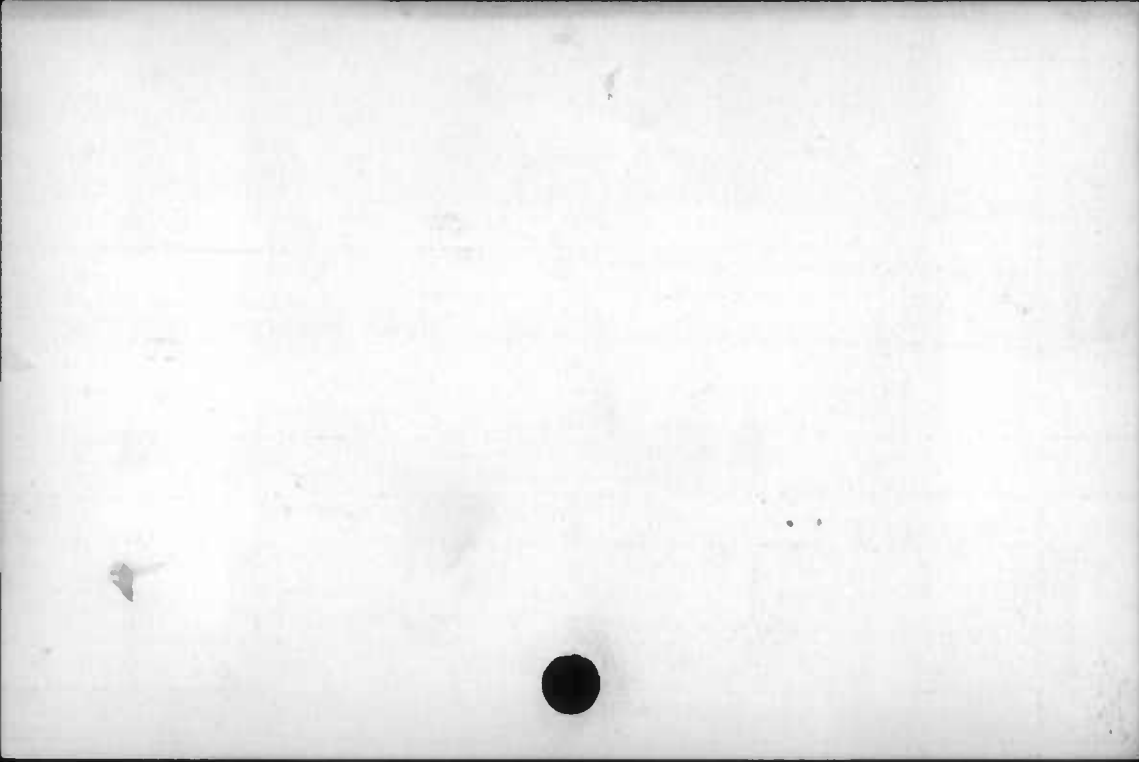
Died at <i>New Foreston</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>3</i>	Day <i>17</i>	Age <i>0</i>	Months <i>0</i>	Days <i>29</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Foreston Ind</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>William sr. Wilhelm</i>			Father's Birthplace <i>Black Rock Ind</i>		
Mother's Maiden Name <i>Grace Albam</i>			Mother's Birthplace <i>Grace Run Ind</i>		
Name of person giving information <i>William sr. Wilhelm</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>4 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Don Resh</i>
	Address <i>Hampstead Ind 5</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

Edward A. Milpersen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Mans</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1940</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>54</i>	Years <i>4</i> Months <i>16</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Virginia</i>		
Occupation <i>Brakeman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Milpersen</i>				
Father's Name <i>Wm Milpersen</i>	Father's Birthplace <i>Virginia</i>		Mother's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Louisa Pace</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Mary Milpersen</i>					

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Toxemia</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. S. M. Kieffer</i>
	Address <i>Monell Park</i>
	<i>Balto Co Md</i>
Accident or Suicide?	

Jos. Gordon
Western Cemetery.

Name
in
Full

maria L. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i>		Town		<i>Balto</i>		County	
Date of death <i>1980</i>		Month <i>March</i>		Day <i>1</i>		Age <i>—</i>	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Catonsville</i>		Months <i>1</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Catonsville</i>		Years <i>—</i>		Days <i>15</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Balto Co</i>	
Father's Name <i>John Williams</i>		Mother's Maiden Name <i>Josephine Fuller</i>		How related to deceased <i>Father</i>			
Name of person giving Information <i>John Williams</i>							

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long <i>5 days</i>
Immediate	<i>asthma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Marshall B Woot</i>
		Address <i>Catonsville Md.</i>
Accident or Suicide		

PHYSICIAN
OR CORONER

L. B. Pye

102 - C. Mulberry St

Harvesting Balto Co
Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Philip Williams* Town *Sparrow Point* County *Balto* MARYLAND

Died at *Sparrow Point*

Date of death 19*10* Month *March* Day *29* Age *—* Years Months *9* Days *12*

Sex *Male* Color or Race *Color* Birth-place *Sparrow Pt*

Occupation *none* Where Residing if not at place of death *706.8. Sparrow Pt*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Philip Williams* Father's Birthplace *Va*

Mother's Maiden Name *Florence Reed* Mother's Birthplace *Va*

Name of person giving Information *P. Williams* How related to deceased *Father*

CAUSES OF DEATH

Primary *Bronchopneumonia* **94** How long *10 days*

Immediate *Exhaustion* How long *24 hours*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

F. L. Edmunds, M.D.

Sparrow Point

md

Accident or Suicide

PHYSICIAN
OR CORONER

Q. 3128

Name
in
Full

Charles Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Rogers Forge* Town *Baltimore* County *MARYLAND*

Date of death *1900* Month *3* Day *5* Age *63* Months *2* Days *7*

Sex *Male* Color or Race *colored* Birthplace *Maryland*

Occupation *Laborer* Where Residing if not at place of death *Rogers Forge*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Laurie Green Young*

Father's Name *Richard Young* Father's Birthplace *Maryland*

Mother's Maiden Name *Sallie Smith* Mother's Birthplace *Maryland*

Name of person giving Information *Laurie Green Young* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dilatation & Enlargement of Heart* How long *several years*

Immediate *Asthma* How long *Immense*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A C Massenburg* Address *Towson*

Accident or Suicide *No*

Port a Elliott-
006/Rogers are

Sandy bottom entry
March 7/1910

Name in Full		Certificate of Death			
Unknown		County		Maryland	
Died at <i>Bear Creek</i>		County <i>Baltimore</i>			
Date of death <i>1910</i>		Month <i>Mar</i>		Day	
Age <i>About 3 years</i>		Years		Months	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>	
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Unknown</i>			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>u</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
Primary <i>Accidental Drowning</i>		How long <i>169</i>			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. S. [Signature]</i>			
		Address <i>3523 E. Baltimore</i>			
Accident or Suicide? <i>Accident</i>					

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER

2884 Jefferson St. N. W. Cor. Montford Ave.

Baltimore Md.

Removal to City: —
2884 Jefferson St. —

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton		Balto County		MARYLAND	
Date of death	19 60	Month March	Day about 13	Age about 45	Years Months
Sex Female	Color or Race W. white	Birth- place unknown		Where Residing if not at place of death unknown	
Occupation unknown	Married, Single or Widowed unknown		Name of Wife or Husband unknown		
Father's Name unknown	Mother's Maiden Name unknown		Father's Birthplace unknown		
Name of person giving Information unknown		Mother's Birthplace unknown			
		How related to deceased unknown			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Accidental Drowning	How long (159)
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. S. Spidler M.D.
	Address 3323 E. Balto St
Accident or Suicide?	

Removal of

J. Herwig & Sons,

2008 Orleans St. —
